

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

In re:	§	
	§	Chapter 11
	§	
Senior Care Centers, LLC, <i>et al.</i> , ¹	§	Case No. 18-33967 (BJH)
	§	
Debtors.	§	(Jointly Administered)

**GLOBAL NOTES, METHODOLOGY, STATEMENT OF LIMITATIONS, AND
DISCLAIMERS REGARDING THE DEBTORS' SCHEDULES OF ASSETS AND
LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

The above-captioned debtors and debtors in possession (the “**Debtors**”) in these chapter 11 cases, with the assistance of their advisors, are filing their respective Schedules of Assets and Liabilities (the “**Schedules**”) and Statements of Financial Affairs (the “**Statements**” or “**SOFAs**”, and together with the Schedules, the “**Schedules and Statements**”) with the United States Bankruptcy Court for the Northern District of Texas (the “**Bankruptcy Court**”) pursuant to pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These Global Notes, Methodology, Statement of Limitations, and Disclaimers Regarding the Debtors’ Schedules of Assets and Liabilities and Statements of Financial Affairs (collectively, the “**Global Notes**”) pertain to, are incorporated by reference in, and comprise an integral part of, each Debtor’s Schedules and Statements. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“**GAAP**”), nor are they intended to be fully reconciled with the financial statements of each Debtor (whether publicly filed or otherwise). Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtors’ reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis.

In preparing the Schedules and Statements, the Debtors relied upon information derived from their books and records that was available at the time of such preparation. Although the Debtors have made reasonable efforts to ensure the accuracy and completeness of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised, or subsequent information, may cause a material change to the Schedules and Statements.

The Debtors and their officers, employees, agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and Statements and shall not be liable for any loss or injury arising out of or caused in whole or in

¹ A list of the Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, is attached to the Schedules and Statements as Exhibit A.

part by any act or omission, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained in the Schedules and Statements. Except as expressly required by the Bankruptcy Code, the Debtors and their officers, employees, agents, attorneys, and financial advisors expressly do not undertake any obligation to update, modify, revise or re-categorize the information provided in the Schedules and Statements or to notify any third party should the information be updated, modified, revised, or re-categorized.

Chief Restructuring Officer Kevin O'Halloran has signed each of the Schedules and Statements. Mr. O'Halloran is an authorized signatory for the Debtors. In reviewing and signing each of the Schedules and Statements, Mr. O'Halloran has relied upon the efforts, statements, representations of various personnel employed by the Debtors and their advisors. Mr. O'Halloran has not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and their addresses. Neither the Schedules and Statements, nor the Global Notes, should be relied upon by any persons for information relating to current or future financial conditions, events, or performance of the Debtors.

Global Notes Overview and Methodology

1. **Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate (including, without limitation): (a) the right to amend the Schedules and Statements with respect to a claim ("**Claim**") description, designation, or Debtor against which the Claim is asserted; (b) dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; (c) subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" and/or (d) object to the extent, validity, enforceability, priority, or avoidability of any Claim). Any failure to designate a Claim in the Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed or against any of the Debtors. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to the Debtors' chapter 11 cases, including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, recharacterization, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtors shall not be required to update the Schedules and Statements except as may be required by applicable law.

2. **Description of Chapter 11 Cases and "As of" Information Date.** On December 4, 2018 (the "**Petition Date**"), each of the Debtors filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code. The Debtors continue to operate their business and manage their properties as debtors-in-possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. The

Debtors' chapter 11 cases are being jointly administered pursuant to Bankruptcy Rule 1015(b). The Debtors' assets and liabilities are reported as of the Petition Date, except as otherwise noted.

3. **Net Book Value of Assets.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations for each of their assets. Accordingly, unless otherwise indicated, the Schedules and Statements reflect the net book value of the Debtors' assets as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not be reflected in the Schedules and Statements as they have no net book value. The Debtors reserve their right to amend or adjust the value of each asset or liability set forth in the Schedules and Statements.

4. **Recharacterization.** Notwithstanding the Debtors' reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, postemployment benefits, and other items reported in the Schedules and Statements, the Debtors may, nevertheless, have improperly characterized, classified, categorized, designated, or omitted certain items. Accordingly, the Debtors reserve all of their rights to recharacterize, reclassify, re-categorize, re-designate, add, or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition. Disclosure of information in one or more Schedules, one or more Statement questions, or one or more exhibits or attachments to the Schedules and Statements, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedules, Statements, exhibits, or attachments.

5. **Liabilities.** The Debtors have sought to allocate assets and liabilities between the prepetition and postpetition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and postpetition periods may change. Accordingly, each Debtors reserves all rights to amend, supplement, or otherwise modify its Schedules and Statements as is necessary or appropriate.

The liabilities listed on the Schedules do not reflect any analysis of Claims under Bankruptcy Code section 503(b)(9). Accordingly, the Debtors reserve all of their rights to dispute or challenge the validity of any asserted Claims under Bankruptcy Code section 503(b)(9) or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

6. **Excluded Assets and Liabilities.** In certain instances, the Debtors have excluded certain categories of assets and liabilities from the Schedules and Statements. The Bankruptcy Court has authorized (but not directed) the Debtors to pay, in their discretion in the ordinary course of business, certain prepetition Claims on a postpetition basis. These schedules reflect such claims without reduction for postpetition payments on such claims. However, to the extent a claim has already been paid with respect to a prepetition claim, future disbursements on account of such claim will take into account and will be reduced by any postpetition payments already made with respect to such claim.

7. **Insiders.** For the purposes of the Schedules and Statements, the Debtors defined “insider” pursuant to Bankruptcy Code section 101(31) as: (a) directors; (b) officers; (c) persons in control of the Debtors; (d) relatives of the Debtors’ directors, officers, or persons in control of the Debtors; and (e) debtor/non-debtor affiliates of the foregoing. The parties identified as “insiders” have been included for informational purposes only and the inclusion of them in the Schedules and Statements shall not constitute an admission that those persons are insiders for purposes of Bankruptcy Code section 101(31). The Debtors do not take any position with respect to: (a) such person’s influence over the control of the Debtors; (b) the management responsibilities or functions of such individual; (c) the decision-making or corporate authority of such individual; or (d) whether such individual could successfully argue that he or she is not an “insider” under applicable law, including, without limitation, the federal securities laws or with respect to any theories of liability or for any other purpose.

8. **Intellectual Property Rights.** The exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction. Accordingly, the Debtors reserve all of their rights with respect to the legal status of any and all such intellectual property rights.

9. **Executory Contracts and Unexpired Leases.** Although the Debtors have made diligent attempts to identify contracts and unexpired leases within the scope of Bankruptcy Code section 365 and to attribute an executory contract to its rightful Debtors, in certain instances, the Debtors may have inadvertently failed to do so. Accordingly, the Debtors reserve all of their rights with respect to the inclusion or exclusion of executory contracts and unexpired leases, including the right to amend Schedule G at any time during the pendency of these chapter 11 cases.

10. **Classifications.** Listing a Claim, contract or lease on (a) Schedule D as “secured,” (b) Schedule E/F, Part 1 as “priority unsecured,” (c) Schedule E/F, Part 2 as “Non-priority unsecured,” or (d) Schedule G as “executory” or “unexpired,” does not constitute an admission by the Debtors of the legal rights of the claimant, or a waiver of the Debtors’ rights to recharacterize or reclassify such Claims or contracts or leases or to setoff against such Claims.

11. **Claims Description.** Schedules D and E/F permit the Debtors to designate a Claim as “disputed,” “contingent,” and/or “unliquidated.” Any failure to designate a Claim on the Schedules and Statements as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by any Debtor that such amount is not “disputed,” “contingent,” or “unliquidated,” or that such Claim is not subject to objection. The Debtors reserve all of their rights to dispute, or assert offsets or defenses to, any Claim reflected on their Schedules and Statements on any grounds, including liability or classification. Additionally, the Debtors expressly reserve all of their rights to subsequently designate such Claims as “disputed,” “contingent” or “unliquidated.” Moreover, listing a Claim does not constitute an admission of liability by the Debtor.

12. **Causes of Action.** Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third parties (collectively, “**Causes of Action**”) as assets in the Schedules and Statements, including, without limitation, causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtors reserve

all of their rights with respect to any: (a) cause of action (including avoidance actions), (b) controversy, (c) right of setoff, (d) cross-claim, (e) counterclaim, (d) recoupment, and (e) any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

13. **Summary of Significant Reporting Policies.** The following is a summary of significant reporting policies:

- a. Undetermined Amounts. The description of an amount as “unknown,” “TBD,” “undetermined,” or similar indication is not intended to reflect upon the materiality of such amount.
- b. Totals. All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
- c. Liens. The value of assets listed in the Schedules and Statements are presented without consideration of any liens that may attach (or have attached) to such property and equipment.

14. **Currency.** All amounts are reflected in U.S. dollars unless otherwise indicated.

15. **Intercompany Receivables.** In the ordinary course of business, the Debtors engage in business relationships among each other and non-Debtor affiliates. Among the various Debtors are various intercompany receivables and payables which net out to zero. The Debtors are still reconciling amounts and will amend the Schedules and Statements accordingly.

16. As such, such intercompany accounts are not detailed in the Schedules and Statements as separate assets and liabilities. Instead, the Debtors have attached a list of their net intercompany receivables and payables hereto as Exhibit 1. More information regarding the Debtors’ intercompany accounts may be found in the cash management motion [Docket No. 9]. The Debtors reserve all rights with respect to intercompany transfers and accounts.

17. **Setoffs.** The Debtors periodically incur certain setoffs in the ordinary course of business. Setoffs in the ordinary course can result from various items including, but not limited to, intercompany transactions, pricing discrepancies, returns, refunds, inadvertent payments, negotiations and/or disputes between a Debtor and its customers, suppliers and third party insurers. These normal setoffs are consistent with the ordinary course of business in the Debtors’ industry and can be particularly voluminous, making it unduly burdensome and costly for the Debtors to list such ordinary course setoffs. Therefore, although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not

independently accounted for, and as such, are or may be excluded from the Debtors' Schedules and Statements.

18. **Employee Addresses.** Current employee and director addresses may be reported as the Debtors' business address throughout the Schedules and Statements, where applicable.

19. **Debtors' Addresses.** For the purposes of the Schedules and Statements, all addresses for all Debtors have been reported as the Debtors' corporate office in Dallas, Texas.

20. **Global Notes Control.** In the event that the Schedules or Statements differ from any of the foregoing Global Notes, the Global Notes shall control.

Specific Notes With Respect to the Schedules

1. Schedule A/B – Real and Personal Property

- a. Cash and Cash Equivalents. Cash and cash equivalents held in financial accounts are listed on Schedule A/B as of the Petition Date.
- b. Accounts Receivable. For book purposes, accounts receivable are stated at net realizable value. The fees charged by each Debtor to patients in its facilities are recorded on an accrual basis. These fees are based on the actual amount expected to be collected and are contractually adjusted with respect to individuals receiving benefits under federal and state funded programs and other third party payors.
- c. Allowance for Doubtful Accounts. Allowance for Doubtful Accounts. The allowance for doubtful accounts is estimated based on the aging of accounts receivable, historical collections data, review of specific accounts and other factors.

2. Schedule D – Creditors Who Have Claims Secured by Property

Except as specifically stated herein, real property lessors, utility companies and other parties that may hold security deposits have not been listed on Schedule D. The Debtors have not included parties that may believe their Claims are secured through setoff rights or inchoate statutory lien rights, including certain parties from whom the Debtors may have received lien notices but whose notices the Debtors understands have not yet been filed or recorded. While reasonable efforts have been made, determination of the date upon which each claim in Schedule D was incurred or arose would be unduly burdensome or cost prohibitive, and therefore the Debtors may not list a date for each claim listed on Schedule D.

Finally, the Debtors are taking no position on the extent or priority of any particular creditor's lien in this document

3. Schedule E/F – Creditors Who Have Unsecured Claims

Certain of the claims of state and local taxing authorities set forth in Schedule E/F, ultimately may be deemed to be secured claims pursuant to state or local laws. In addition, certain of the claims owing to various taxing authorities to which any Debtor may be liable may be subject to ongoing audits. The Debtors reserve the right to dispute or challenge whether claims owing to various taxing authorities are entitled to priority and the listing of any claim on Schedule E/F does not constitute an admission that such claim is entitled to priority treatment pursuant to Bankruptcy Code section 507.

The claims of individual creditors for, among other things, goods, products, services, or taxes are listed as the amounts entered on the Debtors' books and records and may not reflect credits, allowances, or other adjustments due from such creditors to any Debtor. The Debtors reserve all of their rights with regard to such credits, allowances, and other adjustments, including the right to assert claims objections and/or setoffs with respect to the same.

Pursuant to the *Interim Order Authorizing Payment of (I) Certain Prepetition Workforce Claims, Including Wages, Salaries, and Other Compensation, (II) Employee Benefits and Confirming Right to Continue Employee Benefits on Postpetition Basis, (III) Reimbursement to Employees for Prepetition Expenses, (IV) Withholding and Payroll-Related Taxes, (V) Withholding and Payroll-Related Taxes, (V) Workers' Compensation Obligations, and (VI) Prepetition Claims Owing to Administrators or Third-Party Providers* [Docket No. 78] and the *Second Interim Order Authorizing Payment of (I) Certain Prepetition Workforce Claims, Including Wages, Salaries, and Other Compensation, (II) Employee Benefits and Confirming Right to Continue Employee Benefits on Postpetition Basis, (III) Reimbursement to Employees for Prepetition Expenses, (IV) Withholding and Payroll-Related Taxes, (IV) Withholding and Payroll-Related Taxes, (V) Workers' Compensation Obligations, and (VI) Prepetition Claims Owing to Administrators or Third-Party Providers* [Docket No. 231] (together, the "**Wages Orders**"), the Bankruptcy Court granted the Debtors authority to pay or honor certain prepetition obligations for wages, salaries, and other compensation, and employee medical and similar benefits. The Debtors have not listed on Schedule E/F any wage or wage-related obligations that the Debtors were granted authority to pay pursuant to any order that has been entered by the Bankruptcy Court, including the Wages Orders. The Debtors believe that, with the exception of unpaid employee bonuses, which are included on Schedule E/F part 2, all such claims have been, or will be, satisfied in the ordinary course during their chapter 11 case pursuant to the authority granted in the Wages Orders. While the unpaid employee bonuses are currently reflected on Schedule E/F part 2, with the exception of discretionary bonuses, the analysis of these claims is continuing. Once the analysis is complete, some portion of these claims may be subject to priority treatment.

Schedule E/F does not include certain deferred charges, deferred liabilities, accruals, or general reserves. Such amounts are, however, reflected on the Debtors' books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific Claims as of the Petition Date. The Debtors have made every effort to include as contingent, unliquidated, or disputed the Claim of any vendor not included on the Debtors' open accounts payable that is associated with an account that has an accrual or receipt not invoiced.

4. **Schedule G – Executory Contracts and Unexpired Leases**

Certain of the contracts and leases listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G. Certain confidentiality and non-disclosure agreements may not be listed on Schedule G. The Debtors hereby express reserve the right to assert that any instrument listed on Schedule G is an executory contract or unexpired lease within the meaning of Bankruptcy Code section 365. Additionally, each Debtors reserves all rights, claims, and causes of action with respect to claims associated with any contracts and agreements listed on Schedule A/B, including their right to dispute or challenge the characterization or the structure of any transaction, document, or instrument (including any intercompany agreement).

Certain confidentiality and non-compete agreements may not be listed on Schedule G. The Debtors reserve all of their rights with respect to such agreements.

Certain of the contracts and agreements listed on Schedule G may consist of several parts, including purchase orders, amendments, restatements, waivers, letters and other documents that may not be listed on Schedule G or that may be listed as a single entry.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda, and other documents, instruments, and agreements that may not be listed therein despite the Debtors' use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, it is the Debtors' intent that each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider.

Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease. The Debtors reserve all rights to challenge whether any of the listed contracts, leases, agreements or other documents constitute an executory contract or unexpired lease, including if any are unexpired non-residential real property leases. Any and all of the Debtors' rights, claims and causes of action with respect to the contracts and agreements listed on Schedule G are hereby reserved and preserved.

END OF GLOBAL NOTES

Exhibit A

(Sorted Alphabetically)

#	Debtor Name	Case No.	EIN
1.	Alief SCC LLC	18-33987	0523
2.	Bandera SCC LLC	18-33989	0617
3.	Baytown SCC LLC	18-33992	0778
4.	Beltline SCC LLC	18-33996	7264
5.	Booker SCC LLC	18-33999	0967
6.	Bossier SCC LLC	18-34003	2017
7.	Bradford SCC LLC	18-34004	9535
8.	Brinker SCC LLC	18-34005	7304
9.	Brownwood SCC LLC	18-33968	0677
10.	Capitol SCC LLC	18-34006	1750
11.	CapWest-Texas LLC	18-34008	4897
12.	Cedar Bayou SCC LLC	18-34010	8889
13.	Clear Brook SCC LLC	18-34012	1877
14.	Colonial SCC LLC	18-34014	4385
15.	Community SCC LLC	18-33969	7951
16.	Corpus Christi SCC LLC	18-34016	9807
17.	Crestwood SCC LLC	18-34017	7349
18.	Crowley SCC LLC	18-33970	6697
19.	CTLTC Real Estate, LLC	18-34018	0202
20.	Fairpark SCC LLC	18-34020	7381
21.	Gamble Hospice Care Central LLC	18-34022	6688
22.	Gamble Hospice Care Northeast LLC	18-34025	6661
23.	Gamble Hospice Care Northwest LLC	18-34027	2044
24.	Gamble Hospice Care of Cenla LLC	18-34029	4510
25.	Green Oaks SCC LLC	18-33971	7218
26.	Harbor Lakes SCC LLC	18-33972	7299
27.	Harden HUD Holdco LLC	18-34032	1502
28.	Harden Non-HUD Holdco LLC	18-34035	3391
29.	Harden Pharmacy LLC	18-34036	1995
30.	Hearthstone SCC LLC	18-34037	9154
31.	Hewitt SCC LLC	18-33973	7237
32.	HG SCC LLC	18-34040	7415
33.	Hill Country SCC LLC	18-34043	4199
34.	Holland SCC LLC	18-33974	1427
35.	Hunters Pond SCC LLC	18-34045	2886
36.	Jacksonville SCC LLC	18-34046	4216
37.	La Hacienda SCC LLC	18-34049	1074
38.	Lakepointe SCC LLC	18-34050	7457
39.	Major Timbers LLC	18-34052	7477
40.	Marlandwood East SCC LLC	18-34054	1871

#	Debtor Name	Case No.	EIN
41.	Marlandwood West SCC LLC	18-34058	2192
42.	Meadow Creek SCC LLC	18-34064	9278
43.	Midland SCC LLC	18-34065	4231
44.	Mill Forest Road SCC LLC	18-34066	5137
45.	Mission SCC LLC	18-33975	8086
46.	Mullican SCC LLC	18-34067	7499
47.	Mystic Park SCC LLC	18-34068	1898
48.	Normandie SCC LLC	18-34069	1542
49.	Onion Creek SCC LLC	18-34070	7425
50.	Park Bend SCC LLC	18-34071	9410
51.	Pasadena SCC LLC	18-34072	1694
52.	Pecan Tree SCC LLC	18-34073	4241
53.	Pecan Valley SCC LLC	18-34074	9585
54.	Pleasantmanor SCC LLC	18-34075	7536
55.	PM Management - Allen NC LLC	18-34076	4961
56.	PM Management - Babcock NC LLC	18-34077	7829
57.	PM Management - Cedar Park NC LLC	18-34078	1050
58.	PM Management - Corpus Christi NC II LLC	18-34079	5231
59.	PM Management - Corpus Christi NC III LLC	18-34080	5129
60.	PM Management - Corsicana NC II LLC	18-34081	9281
61.	PM Management - Corsicana NC III LLC	18-34082	9353
62.	PM Management - Corsicana NC LLC	18-34083	1333
63.	PM Management - Denison NC LLC	18-34084	5022
64.	PM Management - El Paso I NC LLC	18-34085	2965
65.	PM Management - Fredericksburg NC LLC	18-34086	0599
66.	PM Management - Frisco NC LLC	18-34087	5082
67.	PM Management - Garland NC LLC	18-33979	5137
68.	PM Management - Golden Triangle NC I LLC	18-33980	9478
69.	PM Management - Golden Triangle NC II LLC	18-33981	9536
70.	PM Management - Golden Triangle NC III LLC	18-33982	9597
71.	PM Management - Golden Triangle NC IV LLC	18-33983	9654
72.	PM Management - Killeen I NC LLC	18-33984	3105
73.	PM Management - Killeen II NC LLC	18-33985	3179
74.	PM Management - Killeen III NC LLC	18-33986	3245
75.	PM Management - Lewisville NC LLC	18-33988	5296
76.	PM Management - New Braunfels NC LLC	18-33990	6293
77.	PM Management - Park Valley NC LLC	18-33991	7186
78.	PM Management - Pflugerville AL LLC	18-33993	4007
79.	PM Management - Portland AL LLC	18-33994	5018
80.	PM Management - Portland NC LLC	18-33995	4928
81.	PM Management - Round Rock AL LLC	18-33997	5304
82.	PM Management - San Antonio NC LLC	18-33998	1216
83.	Presidential SCC LLC	18-34000	1913
84.	Redoak SCC LLC	18-33976	7569

#	Debtor Name	Case No.	EIN
85.	Riverside SCC LLC	18-34001	1889
86.	Round Rock SCC LLC	18-34002	8936
87.	Rowlett SCC LLC	18-34007	7606
88.	Ruston SCC LLC	18-34009	0242
89.	RW SCC LLC	18-34011	7631
90.	Sagebrook SCC LLC	18-34013	9571
91.	San Angelo SCC LLC	18-34015	4254
92.	SCC Edinburg LLC	18-34019	1195
93.	SCC Hospice Holdco LLC	18-34021	3166
94.	SCC Senior Care Investments LLC	18-34023	4123
95.	SCC Socorro LLC	18-34024	5459
96.	Senior Care Center Management II LLC	18-34026	1280
97.	Senior Care Center Management LLC	18-34028	7811
98.	Senior Care Centers Home Health, LLC	18-34030	1931
99.	Senior Care Centers LLC	18-33967	8550
100.	Senior Rehab Solutions LLC	18-34031	4829
101.	Senior Rehab Solutions North Louisiana LLC	18-34033	1690
102.	Shreveport SCC LLC	18-34034	1659
103.	Solutions 2 Wellness LLC	18-34038	4065
104.	South Oaks SCC LLC	18-34039	8002
105.	Springlake ALF SCC LLC	18-34041	2436
106.	Springlake SCC LLC	18-34042	9102
107.	Stallings Court SCC LLC	18-33977	7393
108.	Stonebridge SCC LLC	18-34044	9234
109.	Stonegate SCC LLC	18-33978	3005
110.	Summer Regency SCC LLC	18-34047	7782
111.	TRISUN Healthcare LLC	18-34048	2497
112.	Valley Grande SCC LLC	18-34051	1341
113.	Vintage SCC LLC	18-34053	7710
114.	West Oaks SCC LLC	18-34055	9535
115.	Western Hills SCC LLC	18-34056	1922
116.	Weston Inn SCC LLC	18-34057	7871
117.	Westover Hills SCC LLC	18-34059	3303
118.	Whitesboro SCC LLC	18-34060	7745
119.	Windcrest SCC LLC	18-34061	9541
120.	Windmill SCC LLC	18-34062	8067
121.	Wurzbach SCC LLC	18-34063	9920

Debtor Name **Senior Care Centers, LLC**
United States Bankruptcy Court for the Northern District of Texas
Case number (if known): **18-33967**

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$0.00

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$16,049,191.97

1c. Total of all property:

Copyline 92 from *Schedule A/B*..... \$16,049,191.97

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D..... \$0.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total of amounts of priority unsecured claims:

Copy the total claims from Part 1 from the line 5a of *Schedule E/F*..... \$54,076.99

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total amount of claims from Part 2 from line 5b of *Schedule E/F*..... + \$16,334,721.97

4. Total liabilities

Lines 2 + 3a + 3b \$16,388,798.96

Debtor Name **Senior Care Centers, LLC****United States Bankruptcy Court for the Northern District of Texas**Case number (if known): **18-33967**☐ Check if this is an amended filingOfficial Form 206A/B**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be complete and accurate as possible. If more space is needed, attach a separate spreadsheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.☒ Yes. Fill in the information below.

All cash of cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1 CIBC	CHECKING	2001	\$0.00
3.2 CIBC	CHECKING	2051	\$0.00

4. Other cash equivalents

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

☐ No. Go to Part 3.☒ Yes. Fill in the information below.

6.1

Debtor Senior Care Centers, LLC

Case Number (if known) 18-33967

**Current value of
debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1	Security Deposits	\$428,513.21
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8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1	Escrow Accounts, Restricted Cash, Cap Exp	(\$8,111.43)
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8.2	Restricted Cash Advance Property Tax	\$28,715.21
-----	--------------------------------------	-------------

8.3	Escrow Insurance, Restricted Cash	\$4,688.29
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8.4	Restricted Cash - Great American Insurance Company Security Loss Fund	\$768,333.34
-----	--	--------------

8.5	Restricted Cash-MBS Indemnification Escrow	\$7,600,000.00
-----	--	----------------

9. Total of Part 2

Add lines 7 through 8. Copy the total to line 81.

\$8,822,138.62**Part 3: Accounts Receivable****10. Does the debtor have any accounts receivable?**☒ No. Go to Part 4.☐ Yes. Fill in the information below.**Current value of
debtor's interest****11. Accounts receivable**

11a. 90 days old or less:	-	=	
	face amount		doubtful or uncollectible accounts

11b. Over 90 days old:	-	=	
	face amount		doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments**13. Does the debtor own any investments?**☐ No. Go to Part 5.☒ Yes. Fill in the information below.

Debtor Senior Care Centers, LLC

Case Number (if known) 18-33967

13.1

Valuation method used for current value	Current value of debtor's interest
--	---------------------------------------

14. Mutual funds of publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1 Partners Pharmacy, LLC

40% Investment In Profit And Loss

Fair Market Value

\$2,484,391.00

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$2,484,391.00**Part 5: Inventory, excluding agricultural assets****18. Does the debtor own any inventory (excluding agricultural assets)?**☒ No. Go to Part 6.☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
19. Raw Materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

Debtor Senior Care Centers, LLC

Case Number (if known) 18-33967

24. Is any of the property listed in Part 5 perishable?

- ☐ No.
- ☐ Yes.

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No.
- ☐ Yes. Book Value \$ _____ Valuation Method _____ Current Value \$ _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No.
- ☐ Yes.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
28. Crops - either planted or harvested			
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			

Debtor Senior Care Centers, LLC

Case Number (if known) 18-33967

33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

34. Is the debtor a member of an agricultural cooperative?☐ No.☐ Yes.**Is any of the debtor's property stored at the cooperative?**☐ No.☐ Yes.**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No.☐ Yes. Book Value \$ _____ Valuation Method _____ Current Value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No.☐ Yes.**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No.☐ Yes.**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			

Debtor Senior Care Centers, LLC

Case Number (if known) 18-33967

39.1	Furniture & Fixtures	Unknown	\$265,752.05
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40. Office fixtures

40.1	Leasehold Improvements	\$270,030.70	Unknown	\$270,030.70
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41. Office equipment, including all computer equipment and communication systems equipment and software

41.1	Building Fixed Equipment	\$2,450.62	Unknown	\$2,450.62
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41.2	Computer Systems & Software	\$4,093,859.77	Unknown	\$4,093,859.77
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41.3	Department Equipment	\$1,165.00	Unknown	\$1,165.00
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42. Collectibles

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$4,633,258.14**44. Is a depreciation schedule available for any of the property listed in Part 7?**☐ No.☒ Yes.**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No.☐ Yes.**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes. Fill in the information below.

	General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, or titled farm vehicles				
47.1	FORD 150 1FTEX1CP3FKD76544	\$9,999.89	Unknown	\$9,999.89
47.2	FORD 150 1FTEX1CP5FKD76545	\$9,999.89	Unknown	\$9,999.89

Debtor Senior Care Centers, LLC

Case Number (if known) 18-33967

47.3	FORD 150 1FTEX1CP8FKE97828	\$9,999.89	Unknown	\$9,999.89
47.4	Other Transportation-Cost	Unknown	Unknown	Unknown

48. Watercraft, trailers, motors, and related accessories

Examples: Boats, trailers, motors, floating homes, personal watercraft, fishing vessels

49. Aircraft and accessories**50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

50.1	(See Exhibit)	unknown	\$70,861.54
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$100,861.21**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No.
- ☒ Yes.

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No.
- ☐ Yes.

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Debtor Senior Care Centers, LLC

Case Number (if known) 18-33967

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9?☐ No.☐ Yes.**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**☐ No.☐ Yes.**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, or trade secrets			
61. Internet domain names and websites			
61.1 sccltc.com	Unknown	Unknown	
61.2 senior-care-centers.com	Unknown	Unknown	
61.3 seniorcarecentersltc.com	Unknown	Unknown	
61.4 seniorcarecentersltc.net	Unknown	Unknown	
61.5 sccchamps.com	Unknown	Unknown	
61.6 scc-champs.com	Unknown	Unknown	
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			

Debtor Senior Care Centers, LLC

Case Number (if known) 18-33967

64. Other intangibles, or intellectual property

64.1	SCC Granite Portfolio purchase in 2014	Cost Approach	\$2,016,666.47
64.2	Leases assumed during the Trisun-Harden Acquisition (Ranger Project)	Cost Approach	\$ 10,931,697.99
64.3	Trisun-Harden Non-Compete (Ranger Project	Cost Approach	\$ 200,800.00

65. Goodwill

65.1	CLTC Real Estate	Cost Approach	\$21,239,258.00
65.2	Ranger FMV Adjustment	Cost Approach	(\$409,720.00)
65.3	Ranger Acquisition	Cost Approach	(\$1,338,661.00)
65.4	Recognized Deferred Asset Liability	Cost Approach	(\$13,632,166.00)
65.5	Audit Adjustment (Audit)	Cost Approach	\$190,457.75
65.6	WO Goodwill For MBS Sale	Cost Approach	(\$1,800,403.00)

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers?☐ No.☐ Yes.**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☐ No.☐ Yes.**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**☐ No.☐ Yes.**Part 11: All other assets**

Debtor Senior Care Centers, LLC

Case Number (if known) 18-33967

70. Does the debtor own any other assets that have not yet been reported on this form?

- ☐ No. Go to Part 12.
- ☒ Yes. Fill in the information below.

70.1

**Current value of
debtor's interest****71. Notes receivable**

Description (include name of obligor)

	-	
Total face amount		Doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

Case No. 2016-Dcl-02228 Senior Care Centers, LLC Plaintiff

\$8,543.00

Nature of claim undisclosed defects in a facility SCC acquired**Amount Requested** \$8,543**75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims****Nature of claim****Amount Requested****76. Trusts, equitable or future interests in property****77. Other property of any kind not already listed**

Examples: Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$8,543.00**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☐ No.
- ☐ Yes.

Debtor Senior Care Centers, LLC

Case Number (if known) 18-33967

Part 12: Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$8,822,138.62	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>		
83. Investments. <i>Copy line 17, Part 4.</i>	\$2,484,391.00	
84. Inventory. <i>Copy line 23, Part 5.</i>		
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>		
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$4,633,258.14	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$100,861.21	
88. Real Property. <i>Copy line 56, Part 9.</i>		
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>		
90. All other assets. <i>Copy line 78, Part 11.</i>	\$8,543.00	
91. Total. Add lines 80 through 90 for each column.	91a. \$16,049,191.97	91b. \$0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		\$16,049,191.97

SCHEDULES OF ASSETS AND LIABILITIES

EXHIBIT FOR SCHEDULE AB

PART 8, QUESTION 50

OTHER MACHINERY, FIXTURES, AND EQUIPMENT
(EXCLUDING FARM MACHINERY AND EQUIPMENT)

Senior Care Centers LLC**Case No. 18-33967****Schedule AB-50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Legal Name	Facility Name	Facility #	General Description	Current Value of Debtor's Interest
Senior Care Centers LLC	Dallas Corporate Office	50	ADP, INC.	8,635.34
Senior Care Centers LLC	Dallas Corporate Office	50	ADP, INC.	8,635.34
			ADP, INC. Total	17,270.68
Senior Care Centers LLC	Dallas Corporate Office	50	AUTOMOTIVE RENTALS INC	9.50
Senior Care Centers LLC	Dallas Corporate Office	50	AUTOMOTIVE RENTALS INC	9.50
Senior Care Centers LLC	Dallas Corporate Office	50	AUTOMOTIVE RENTALS INC	25.00
Senior Care Centers LLC	Dallas Corporate Office	50	AUTOMOTIVE RENTALS INC	25.00
			AUTOMOTIVE RENTALS INC Total	69.00
Senior Care Centers LLC	Dallas Corporate Office	50	DENITECH CORPORATION (DES MOIN	1,212.08
Senior Care Centers LLC	Dallas Corporate Office	50	DENITECH CORPORATION (DES MOIN	1,217.58
			DENITECH CORPORATION (DES MOIN Total	2,429.66
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	423.26
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	5,141.88
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	672.32
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	144.20
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	13.30
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	44.10
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	67.90
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	554.40
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	17.50
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	50.40
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	50.40
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	144.20
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	13.30
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	554.40
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	44.10
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	17.50
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	67.90
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	17.50
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	44.10
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	554.40
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	13.30
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	144.20
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	50.40
Senior Care Centers LLC	Dallas Corporate Office	50	Oper_Gen._SCC Mgmt	67.90
			Oper_Gen._SCC Mgmt Total	8,912.86
Senior Care Centers LLC	Dallas Corporate Office	50	XEROX FINANCIAL SERVICES LLC	42,179.34
			XEROX FINANCIAL SERVICES LLC Total	42,179.34
Grand Total				70,861.54

Debtor Name **Senior Care Centers, LLC****United States Bankruptcy Court for the Northern District of Texas**Case number (if known): **18-33967**☐ Check if this is an amended filing**Official Form 206D****Schedule D - Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Amount of Claim
Do not deduct the value of collateral

Value of collateral that supports this claim

Creditor's name

NONE

Describe debtor's property that is subject to a lien

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Date debt was incurred

Is the creditor an insider or related party?

☐ No☐ Yes

Do multiple creditors have an interest in the same property?

☐ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines

Is anyone else liable on this claim?

☐ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

☐ Contingent☐ Unliquidated☐ Disputed

Debtor Name **Senior Care Centers, LLC**

United States Bankruptcy Court for the Northern District of Texas

Case number (if known): **18-33967**☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F - Creditors Who Have Claims Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?**

☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address ADRIANNE JONES ADDRESS REDACTED Date or dates debt was incurred 10/1/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.63 \$48.63
2.2	Priority creditor's name and mailing address ALBERTO CASAREZ ADDRESS REDACTED Date or dates debt was incurred 5/12/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.99 \$19.99
2.3	Priority creditor's name and mailing address ALICE CHEN ADDRESS REDACTED Date or dates debt was incurred 8/17/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.00 \$77.00

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 1: Additional Page**

		Total claim	Priority amount
2.4	Priority creditor's name and mailing address ALICIA GUERRERO ADDRESS REDACTED Date or dates debt was incurred 9/17/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.25 \$125.25
2.5	Priority creditor's name and mailing address ALLEN MALL - #165 ADDRESS REDACTED Date or dates debt was incurred 8/10/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.99 \$103.99
2.6	Priority creditor's name and mailing address ALLISON MARTIN ADDRESS REDACTED Date or dates debt was incurred 6/4/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.56 \$54.56
2.7	Priority creditor's name and mailing address ALLISON SMITH ADDRESS REDACTED Date or dates debt was incurred 8/8/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.77 \$29.77

Total claim	Priority amount
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Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 1: Additional Page**

		Total claim	Priority amount
2.12	Priority creditor's name and mailing address ARAIN MCCLAIN ADDRESS REDACTED Date or dates debt was incurred 7/24/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$590.51 \$590.51
2.13	Priority creditor's name and mailing address ASHLEY PERKINS ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$409.71 \$409.71
2.14	Priority creditor's name and mailing address AZUCENA RIVERA ADDRESS REDACTED Date or dates debt was incurred 12/11/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.81 \$19.81
2.15	Priority creditor's name and mailing address BERNARDO RUIZ ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247.04 \$247.04

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		Total claim	Priority amount
2.16	Priority creditor's name and mailing address BETH MCCARTY ADDRESS REDACTED Date or dates debt was incurred 10/25/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.96 \$22.96
2.17	Priority creditor's name and mailing address BETHANY WALKER ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,158.57 \$2,158.57
2.18	Priority creditor's name and mailing address BILLIE JO NUNNERY ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.76 \$90.76
2.19	Priority creditor's name and mailing address BRITNEY RESTIVO ADDRESS REDACTED Date or dates debt was incurred 12/3/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00 \$100.00

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		Total claim	Priority amount
2.20	Priority creditor's name and mailing address CANDACE PITKIN ADDRESS REDACTED Date or dates debt was incurred 11/28/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.63 \$283.63
2.21	Priority creditor's name and mailing address CASEY MANASCO ADDRESS REDACTED Date or dates debt was incurred 6/19/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.48 \$75.48
2.22	Priority creditor's name and mailing address CASEY WARD ADDRESS REDACTED Date or dates debt was incurred 9/25/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00 \$22.00
2.23	Priority creditor's name and mailing address CATHY DEAN ADDRESS REDACTED Date or dates debt was incurred 9/25/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.45 \$45.45

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		Total claim	Priority amount
2.24	Priority creditor's name and mailing address CATHY HENDERSON ADDRESS REDACTED Date or dates debt was incurred 3/16/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.27 \$17.27
2.25	Priority creditor's name and mailing address CHARLES R STEWART ADDRESS REDACTED Date or dates debt was incurred 8/22/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.98 \$6.98
2.26	Priority creditor's name and mailing address CHRISTINA STAGG ADDRESS REDACTED Date or dates debt was incurred 2/28/2014 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$489.89 \$489.89
2.27	Priority creditor's name and mailing address CHRISTOPHER DAVIS ADDRESS REDACTED Date or dates debt was incurred 3/7/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.00 \$18.00

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			Total claim	Priority amount
2.28	Priority creditor's name and mailing address CHRISTOPHER HODGE ADDRESS REDACTED	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$250.00	\$250.00
	Date or dates debt was incurred 11/16/2018	Basis for the claim: EMPLOYEE		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.29	Priority creditor's name and mailing address CLAIRE FREEMAN ADDRESS REDACTED	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$99.90	\$99.90
	Date or dates debt was incurred 5/24/2017	Basis for the claim: EMPLOYEE		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.30	Priority creditor's name and mailing address CLAUDIA FLORES ADDRESS REDACTED	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$202.38	\$202.38
	Date or dates debt was incurred 9/29/2017	Basis for the claim: EMPLOYEE		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2.31	Priority creditor's name and mailing address CONSLAR SANDERS ADDRESS REDACTED	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$195.06	\$195.06
	Date or dates debt was incurred 3/1/2017	Basis for the claim: EMPLOYEE		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

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		Total claim	Priority amount
2.32	Priority creditor's name and mailing address CORTNEY LEIGH POWELL ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.43 \$39.43
2.33	Priority creditor's name and mailing address COURTNEY ARMSTRONG ADDRESS REDACTED Date or dates debt was incurred 12/12/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.07 \$8.07
2.34	Priority creditor's name and mailing address DAMENA METTA ADDRESS REDACTED Date or dates debt was incurred 7/31/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.00 \$16.00
2.35	Priority creditor's name and mailing address DANIELA VELASQUEZ ADDRESS REDACTED Date or dates debt was incurred 8/3/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.14 \$33.14

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		Total claim	Priority amount
2.36	Priority creditor's name and mailing address DANYELL YOUNG ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.00 \$168.00
2.37	Priority creditor's name and mailing address DARRYLE FEATHERSTONE ADDRESS REDACTED Date or dates debt was incurred 11/19/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.56 \$138.56
2.38	Priority creditor's name and mailing address DAVID BOLKOVAC ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$557.36 \$557.36
2.39	Priority creditor's name and mailing address DAVID DE LOS SANTOS ADDRESS REDACTED Date or dates debt was incurred 12/10/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.52 \$10.52

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		Total claim	Priority amount
2.40	Priority creditor's name and mailing address DAVID DOCKERY ADDRESS REDACTED Date or dates debt was incurred 5/24/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00 \$10.00
2.41	Priority creditor's name and mailing address DAWN KUSER ADDRESS REDACTED Date or dates debt was incurred 8/3/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$532.98 \$532.98
2.42	Priority creditor's name and mailing address DEDEE CRAMER ADDRESS REDACTED Date or dates debt was incurred 10/17/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00 \$120.00
2.43	Priority creditor's name and mailing address DEMI STIEWERT ADDRESS REDACTED Date or dates debt was incurred 10/25/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.00 \$77.00

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		Total claim	Priority amount
2.44	Priority creditor's name and mailing address DESIREE HODGE ADDRESS REDACTED Date or dates debt was incurred 4/20/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.49 \$24.49
2.45	Priority creditor's name and mailing address DIANA URISTA ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$358.80 \$358.80
2.46	Priority creditor's name and mailing address DIANNE BARBARA EDWARDS ADDRESS REDACTED Date or dates debt was incurred 3/15/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.50 \$29.50
2.47	Priority creditor's name and mailing address DIANNE H. THOMPSON ADDRESS REDACTED Date or dates debt was incurred 1/5/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222.82 \$222.82

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		Total claim	Priority amount
2.48	Priority creditor's name and mailing address DON THOMPSON ADDRESS REDACTED Date or dates debt was incurred 11/15/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151.61 \$151.61
2.49	Priority creditor's name and mailing address DONA GERON ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.22 \$34.22
2.50	Priority creditor's name and mailing address DONNA EANES ADDRESS REDACTED Date or dates debt was incurred 5/25/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.70 \$26.70
2.51	Priority creditor's name and mailing address EDWARD BERNACKI ADDRESS REDACTED Date or dates debt was incurred 11/15/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349.14 \$349.14

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		Total claim	Priority amount
2.52	Priority creditor's name and mailing address ELENA CANTU ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$532.65 \$532.65
2.53	Priority creditor's name and mailing address ELISA SALAZAR ADDRESS REDACTED Date or dates debt was incurred 8/10/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.85 \$27.85
2.54	Priority creditor's name and mailing address ELIZABETH ARMSTONG ADDRESS REDACTED Date or dates debt was incurred 5/5/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.50 \$112.50
2.55	Priority creditor's name and mailing address ELIZABETH HERNANDEZ ADDRESS REDACTED Date or dates debt was incurred 10/25/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.37 \$94.37

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		Total claim	Priority amount
2.56	Priority creditor's name and mailing address EMILY ROBERSON ADDRESS REDACTED Date or dates debt was incurred 5/9/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.68 \$170.68
2.57	Priority creditor's name and mailing address ERIKA CASTANEDA ADDRESS REDACTED Date or dates debt was incurred 11/9/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.22 \$21.22
2.58	Priority creditor's name and mailing address EZEQUIEL OROZCO ADDRESS REDACTED Date or dates debt was incurred 10/27/2014 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.84 \$210.84
2.59	Priority creditor's name and mailing address FELISHA LONG ADDRESS REDACTED Date or dates debt was incurred 4/30/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00 \$99.00

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		Total claim	Priority amount
2.60	Priority creditor's name and mailing address FRAN FRITZ ADDRESS REDACTED Date or dates debt was incurred 4/30/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$721.96 \$721.96
2.61	Priority creditor's name and mailing address FREDRICK JOHNSON ADDRESS REDACTED Date or dates debt was incurred 9/5/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.90 \$9.90
2.62	Priority creditor's name and mailing address GARY PERKINS ADDRESS REDACTED Date or dates debt was incurred 7/18/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.93 \$12.93
2.63	Priority creditor's name and mailing address GAYE SPRINGER ADDRESS REDACTED Date or dates debt was incurred 3/2/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.29 \$16.29

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		Total claim	Priority amount
2.64	Priority creditor's name and mailing address GILBERTO RIVERA ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.69 \$22.69
2.65	Priority creditor's name and mailing address GLYNN BROWN ADDRESS REDACTED Date or dates debt was incurred 4/25/2013 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$353.07 \$353.07
2.66	Priority creditor's name and mailing address GORDON YELVERTON ADDRESS REDACTED Date or dates debt was incurred 8/31/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.23 \$3.23
2.67	Priority creditor's name and mailing address GRADY TREW ADDRESS REDACTED Date or dates debt was incurred 11/25/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.31 \$35.31

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		Total claim	Priority amount
2.68	Priority creditor's name and mailing address GUENET TEFERRA ADDRESS REDACTED Date or dates debt was incurred 9/14/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00 \$50.00
2.69	Priority creditor's name and mailing address HEIDI WEAR ADDRESS REDACTED Date or dates debt was incurred 12/31/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.19 \$78.19
2.70	Priority creditor's name and mailing address HOLLY NICLE TUNSTALL ADDRESS REDACTED Date or dates debt was incurred 2/28/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.91 \$101.91
2.71	Priority creditor's name and mailing address HOPE BURCHFIELD ADDRESS REDACTED Date or dates debt was incurred 11/15/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,074.24 \$1,074.24

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		Total claim	Priority amount
2.72	Priority creditor's name and mailing address JACQUELINE COOK ADDRESS REDACTED Date or dates debt was incurred 6/1/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.00 \$140.00
2.73	Priority creditor's name and mailing address JAMES LEE ADDRESS REDACTED Date or dates debt was incurred 5/9/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$652.61 \$652.61
2.74	Priority creditor's name and mailing address JANICE NCWILLIAMS ADDRESS REDACTED Date or dates debt was incurred 10/29/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.59 \$22.59
2.75	Priority creditor's name and mailing address JASON STALLWORTH ADDRESS REDACTED Date or dates debt was incurred 7/25/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.41 \$12.41

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		Total claim	Priority amount
2.76	Priority creditor's name and mailing address JAYLON FANE ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.29 \$23.29
2.77	Priority creditor's name and mailing address JENNIFER WOMACK ADDRESS REDACTED Date or dates debt was incurred 4/6/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.58 \$12.58
2.78	Priority creditor's name and mailing address JEREMY TUNSTALL ADDRESS REDACTED Date or dates debt was incurred 11/2/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.00 \$8.00
2.79	Priority creditor's name and mailing address JILL M JESSUP ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.62 \$101.62

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		Total claim	Priority amount
2.80	Priority creditor's name and mailing address JILL PAYNE ADDRESS REDACTED Date or dates debt was incurred 4/21/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.50 \$85.50
2.81	Priority creditor's name and mailing address JILL SAUNDERS ADDRESS REDACTED Date or dates debt was incurred 7/31/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.91 \$64.91
2.82	Priority creditor's name and mailing address JODI HAMILTON ADDRESS REDACTED Date or dates debt was incurred 5/26/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$381.15 \$381.15
2.83	Priority creditor's name and mailing address JOE MILLS ADDRESS REDACTED Date or dates debt was incurred 12/28/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.98 \$6.98

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		Total claim	Priority amount
2.84	Priority creditor's name and mailing address JOHN LACLAIRE ADDRESS REDACTED Date or dates debt was incurred 5/11/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.60 \$6.60
2.85	Priority creditor's name and mailing address JONATHAN ALVARADO ADDRESS REDACTED Date or dates debt was incurred 5/24/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.01 \$132.01
2.86	Priority creditor's name and mailing address JONATHAN E MESA ADDRESS REDACTED Date or dates debt was incurred 2/1/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00 \$15.00
2.87	Priority creditor's name and mailing address JORDAN HALL ADDRESS REDACTED Date or dates debt was incurred 1/17/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.22 \$23.22

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		Total claim	Priority amount
2.92	Priority creditor's name and mailing address JUANITA MCCARTY ADDRESS REDACTED Date or dates debt was incurred 10/10/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$404.47 \$404.47
2.93	Priority creditor's name and mailing address JULIA LANIER ADDRESS REDACTED Date or dates debt was incurred 10/30/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,083.67 \$2,083.67
2.94	Priority creditor's name and mailing address JULIE EDDLEMON ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$267.99 \$267.99
2.95	Priority creditor's name and mailing address JULIO ROMERO ADDRESS REDACTED Date or dates debt was incurred 12/22/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.99 \$12.99

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		Total claim	Priority amount
2.96	Priority creditor's name and mailing address JUSTIN EASTEPP ADDRESS REDACTED Date or dates debt was incurred 10/30/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.08 \$600.08
2.97	Priority creditor's name and mailing address JUSTIN VANLEEUEWEN ADDRESS REDACTED Date or dates debt was incurred 10/16/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.08 \$14.08
2.98	Priority creditor's name and mailing address KABIRU SONEKAN ADDRESS REDACTED Date or dates debt was incurred 4/18/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,605.14 \$1,605.14
2.99	Priority creditor's name and mailing address KARI BEARDEN ADDRESS REDACTED Date or dates debt was incurred 11/19/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.99 \$29.99

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		Total claim	Priority amount
2.100	Priority creditor's name and mailing address KATHRYN SMITH ADDRESS REDACTED Date or dates debt was incurred 5/5/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.59
2.101	Priority creditor's name and mailing address KATHRYN YODER ADDRESS REDACTED Date or dates debt was incurred 2/27/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$358.13
2.102	Priority creditor's name and mailing address KATIA STONER ADDRESS REDACTED Date or dates debt was incurred 9/1/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.20
2.103	Priority creditor's name and mailing address KATRESE SIMS ADDRESS REDACTED Date or dates debt was incurred 6/15/2013 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.10

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		Total claim	Priority amount
2.104	Priority creditor's name and mailing address KATTIE HAWKINS ADDRESS REDACTED Date or dates debt was incurred 2/2/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.44 \$10.44
2.105	Priority creditor's name and mailing address KAVIN BIZZELL ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.71 \$130.71
2.106	Priority creditor's name and mailing address KEAGAN BRADLEY ADDRESS REDACTED Date or dates debt was incurred 3/31/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.75 \$168.75
2.107	Priority creditor's name and mailing address KELCIE GRIGGS ADDRESS REDACTED Date or dates debt was incurred 8/15/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00 \$10.00

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		Total claim	Priority amount
2.108	Priority creditor's name and mailing address KELLI MARX ADDRESS REDACTED Date or dates debt was incurred 10/12/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$442.26 \$442.26
2.109	Priority creditor's name and mailing address KENA SUMMERVILLE ADDRESS REDACTED Date or dates debt was incurred 10/17/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.49 \$19.49
2.110	Priority creditor's name and mailing address KENNA HOWARD ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$726.79 \$726.79
2.111	Priority creditor's name and mailing address KIM NGUYEN ADDRESS REDACTED Date or dates debt was incurred 7/6/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.00 \$66.00

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		Total claim	Priority amount
2.112	Priority creditor's name and mailing address KIMBERLY LANE HOLDER ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,934.77 \$1,934.77
2.113	Priority creditor's name and mailing address KIRK LYNCH ADDRESS REDACTED Date or dates debt was incurred 11/29/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.90 \$4.90
2.114	Priority creditor's name and mailing address KRISTINE L CARCAREY ADDRESS REDACTED Date or dates debt was incurred 8/30/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.47 \$87.47
2.115	Priority creditor's name and mailing address KRISTOPHER OLVERA ADDRESS REDACTED Date or dates debt was incurred 6/14/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.46 \$9.46

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		Total claim	Priority amount
2.116	Priority creditor's name and mailing address L. CHERI THOMAS ADDRESS REDACTED Date or dates debt was incurred 1/19/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.69 \$45.69
2.117	Priority creditor's name and mailing address LAURA WILTGEN ADDRESS REDACTED Date or dates debt was incurred 1/21/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.12 \$53.12
2.118	Priority creditor's name and mailing address LAUREN SMITH ADDRESS REDACTED Date or dates debt was incurred 4/24/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$543.79 \$543.79
2.119	Priority creditor's name and mailing address LEGINA SCHOOLER ADDRESS REDACTED Date or dates debt was incurred 11/19/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.50 \$104.50

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		Total claim	Priority amount
2.120	Priority creditor's name and mailing address LESLIE DRAPER ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.47 \$177.47
2.121	Priority creditor's name and mailing address LEZLIE MICHAEL ADDRESS REDACTED Date or dates debt was incurred 11/27/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.00 \$136.00
2.122	Priority creditor's name and mailing address LILIAM MIDENCE ADDRESS REDACTED Date or dates debt was incurred 8/29/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.78 \$45.78
2.123	Priority creditor's name and mailing address LINDA BARNETT ADDRESS REDACTED Date or dates debt was incurred 4/16/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.76 \$75.76

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		Total claim	Priority amount
2.124	Priority creditor's name and mailing address LINDA SMITH ADDRESS REDACTED Date or dates debt was incurred 10/16/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00 \$45.00
2.125	Priority creditor's name and mailing address LISA F. ROBINSON ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$337.36 \$337.36
2.126	Priority creditor's name and mailing address LISA ROBINSON ADDRESS REDACTED Date or dates debt was incurred 11/30/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$255.08 \$255.08
2.127	Priority creditor's name and mailing address LLOY POPE ADDRESS REDACTED Date or dates debt was incurred 3/30/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.03 \$97.03

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		Total claim	Priority amount
2.128	Priority creditor's name and mailing address LOREE SCHLENTZ ADDRESS REDACTED Date or dates debt was incurred 10/26/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.33 \$38.33
2.129	Priority creditor's name and mailing address MABEL CASANOVA ADDRESS REDACTED Date or dates debt was incurred 11/16/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186.22 \$186.22
2.130	Priority creditor's name and mailing address MADELYN LANGDON ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.48 \$187.48
2.131	Priority creditor's name and mailing address MAFE WOZNAK ADDRESS REDACTED Date or dates debt was incurred 7/17/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$627.96 \$627.96

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		Total claim	Priority amount
2.132	Priority creditor's name and mailing address MAGGIE LOEPPKY ADDRESS REDACTED Date or dates debt was incurred 6/9/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244.05 \$244.05
2.133	Priority creditor's name and mailing address MARGARITA HERNANDEZ ADDRESS REDACTED Date or dates debt was incurred 11/1/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158.23 \$158.23
2.134	Priority creditor's name and mailing address MARGIE RHODES ADDRESS REDACTED Date or dates debt was incurred 9/21/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.54 \$27.54
2.135	Priority creditor's name and mailing address MARIA LUNA - 168 ADDRESS REDACTED Date or dates debt was incurred 10/29/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.73 \$9.73

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		Total claim	Priority amount
2.136	Priority creditor's name and mailing address MARIA PALACIOS ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$758.19 \$758.19
2.137	Priority creditor's name and mailing address MARISA WADE ADDRESS REDACTED Date or dates debt was incurred 11/12/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.10 \$54.10
2.138	Priority creditor's name and mailing address MARK WALTERS ADDRESS REDACTED Date or dates debt was incurred 9/15/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$491.40 \$491.40
2.139	Priority creditor's name and mailing address MARSHA PARCHMAN ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$308.21 \$308.21

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		Total claim	Priority amount
2.140	Priority creditor's name and mailing address MARTHA RICHARDSON ADDRESS REDACTED Date or dates debt was incurred 11/14/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340.00 \$340.00
2.141	Priority creditor's name and mailing address MARTHA SANCHEZ ADDRESS REDACTED Date or dates debt was incurred 10/30/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159.66 \$159.66
2.142	Priority creditor's name and mailing address MARVENA MINER ADDRESS REDACTED Date or dates debt was incurred 10/1/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$607.73 \$607.73
2.143	Priority creditor's name and mailing address MARY E TAYLOR ADDRESS REDACTED Date or dates debt was incurred 12/1/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.02 \$54.02

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		Total claim	Priority amount
2.144	Priority creditor's name and mailing address MARY MCCUMBER-BELL ADDRESS REDACTED Date or dates debt was incurred 11/14/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.82 \$62.82
2.145	Priority creditor's name and mailing address MARY MESSICK ADDRESS REDACTED Date or dates debt was incurred 12/27/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.59 \$6.59
2.146	Priority creditor's name and mailing address MARY WILLIAMS ADDRESS REDACTED Date or dates debt was incurred 6/30/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.95 \$11.95
2.147	Priority creditor's name and mailing address MEGAN A HARVEY ADDRESS REDACTED Date or dates debt was incurred 6/30/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.79 \$8.79

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		Total claim	Priority amount
2.148	Priority creditor's name and mailing address MELANI K MANNING ADDRESS REDACTED Date or dates debt was incurred 3/20/2014 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.40 \$243.40
2.149	Priority creditor's name and mailing address MELISSA CARTER ADDRESS REDACTED Date or dates debt was incurred 3/19/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.07 \$9.07
2.150	Priority creditor's name and mailing address MERCIA RYOBA ADDRESS REDACTED Date or dates debt was incurred 5/19/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.68 \$9.68
2.151	Priority creditor's name and mailing address MICHAEL MARTINEZ ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.07 \$82.07

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		Total claim	Priority amount
2.152	Priority creditor's name and mailing address MICHAEL YOUNG ADDRESS REDACTED Date or dates debt was incurred 3/21/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.50 \$4.50
2.153	Priority creditor's name and mailing address MICHAELA ISON ADDRESS REDACTED Date or dates debt was incurred 1/23/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00 \$80.00
2.154	Priority creditor's name and mailing address MICHELLE WIGGINS ADDRESS REDACTED Date or dates debt was incurred 6/21/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$311.92 \$311.92
2.155	Priority creditor's name and mailing address MIKELANNE SAENZ ADDRESS REDACTED Date or dates debt was incurred 9/10/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.70 \$200.70

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		Total claim	Priority amount
2.156	Priority creditor's name and mailing address MILDRED HILL ADDRESS REDACTED Date or dates debt was incurred 9/9/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.80 \$10.80
2.157	Priority creditor's name and mailing address MILLICENT TEMPLIN ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.93 \$195.93
2.158	Priority creditor's name and mailing address MIRIAN COLLINS ADDRESS REDACTED Date or dates debt was incurred 3/24/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.41 \$92.41
2.159	Priority creditor's name and mailing address MISTI LEWIS ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.50 \$31.50

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		Total claim	Priority amount
2.160	Priority creditor's name and mailing address NANCY FLOWERS ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$219.20 \$219.20
2.161	Priority creditor's name and mailing address NATASHA HATHAWAY ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$660.98 \$660.98
2.162	Priority creditor's name and mailing address OSCAR GUTIERREZ ADDRESS REDACTED Date or dates debt was incurred 11/1/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00 \$35.00
2.163	Priority creditor's name and mailing address PAMELA GADISON ADDRESS REDACTED Date or dates debt was incurred 9/30/2014 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.73 \$116.73

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		Total claim	Priority amount
2.168	Priority creditor's name and mailing address PATRICK DRIGGERS ADDRESS REDACTED Date or dates debt was incurred 12/4/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.04 \$104.04
2.169	Priority creditor's name and mailing address PATSY GONZALEZ ADDRESS REDACTED Date or dates debt was incurred 9/20/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.55 \$20.55
2.170	Priority creditor's name and mailing address PAULA DUNCAN ADDRESS REDACTED Date or dates debt was incurred 9/28/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.00 \$18.00
2.171	Priority creditor's name and mailing address PAULA FAIR ADDRESS REDACTED Date or dates debt was incurred 7/26/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211.62 \$211.62

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		Total claim	Priority amount
2.172	Priority creditor's name and mailing address PAYDEN BARRICK ADDRESS REDACTED Date or dates debt was incurred 6/30/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.09 \$17.09
2.173	Priority creditor's name and mailing address PERRI MCGOWEN ADDRESS REDACTED Date or dates debt was incurred 1/5/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.28 \$10.28
2.174	Priority creditor's name and mailing address PRINCESITA DEJESUS-BROWN ADDRESS REDACTED Date or dates debt was incurred 4/30/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.27 \$8.27
2.175	Priority creditor's name and mailing address RACHEL NACHTIGALL ADDRESS REDACTED Date or dates debt was incurred 4/14/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,899.70 \$1,899.70

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		Total claim	Priority amount
2.176	Priority creditor's name and mailing address RANELL PARKS ADDRESS REDACTED Date or dates debt was incurred 6/8/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.48 \$22.48
2.177	Priority creditor's name and mailing address RAS RUHMANN JR ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.09 \$38.09
2.178	Priority creditor's name and mailing address REBEKAH WHITE ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.71 \$72.71
2.179	Priority creditor's name and mailing address RENITA BILLINGSLEA ADDRESS REDACTED Date or dates debt was incurred 8/16/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.71 \$30.71

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		Total claim	Priority amount
2.180	Priority creditor's name and mailing address RHONDA LUCKEY ADDRESS REDACTED Date or dates debt was incurred 7/19/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.00 \$107.00
2.181	Priority creditor's name and mailing address RICHARD NEWELL ADDRESS REDACTED Date or dates debt was incurred 1/5/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.74 \$50.74
2.182	Priority creditor's name and mailing address ROBERT D FUDGE ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.24 \$48.24
2.183	Priority creditor's name and mailing address ROBERTO MARTINEZ ADDRESS REDACTED Date or dates debt was incurred 6/26/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,805.90 \$1,805.90

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		Total claim	Priority amount
2.184	Priority creditor's name and mailing address ROGER HARVILL ADDRESS REDACTED Date or dates debt was incurred 6/27/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00 \$50.00
2.185	Priority creditor's name and mailing address ROSE CARTER ADDRESS REDACTED Date or dates debt was incurred 11/15/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.63 \$111.63
2.186	Priority creditor's name and mailing address ROXSAND GUERRERO ADDRESS REDACTED Date or dates debt was incurred 4/19/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.50 \$40.50
2.187	Priority creditor's name and mailing address SABRINA HOOKS ADDRESS REDACTED Date or dates debt was incurred 10/1/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.05 \$29.05

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		Total claim	Priority amount
2.188	<div>Priority creditor's name and mailing address</div> <div>SACHA CLARKE ADDRESS REDACTED</div> <div>Date or dates debt was incurred</div> <div>2/1/2017</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</div>	<div>As of the petition filing date, the claim is:</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: EMPLOYEE</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$19.60</div> <div>\$19.60</div>
2.189	<div>Priority creditor's name and mailing address</div> <div>SANDRA GLENN ADDRESS REDACTED</div> <div>Date or dates debt was incurred</div> <div>Various</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</div>	<div>As of the petition filing date, the claim is:</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: EMPLOYEE</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$443.24</div> <div>\$443.24</div>
2.190	<div>Priority creditor's name and mailing address</div> <div>SARA ALLEN ADDRESS REDACTED</div> <div>Date or dates debt was incurred</div> <div>7/20/2015</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</div>	<div>As of the petition filing date, the claim is:</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: EMPLOYEE</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$19.81</div> <div>\$19.81</div>
2.191	<div>Priority creditor's name and mailing address</div> <div>SARAH M JOHNSON ADDRESS REDACTED</div> <div>Date or dates debt was incurred</div> <div>6/30/2016</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</div>	<div>As of the petition filing date, the claim is:</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: EMPLOYEE</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>\$11.95</div> <div>\$11.95</div>

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		Total claim	Priority amount
2.192	Priority creditor's name and mailing address SAVANNAH POUNDS ADDRESS REDACTED Date or dates debt was incurred 10/28/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.97 \$122.97
2.193	Priority creditor's name and mailing address SHANDEL BLAKE ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$322.90 \$322.90
2.194	Priority creditor's name and mailing address SHANNON HUDSON ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102.48 \$102.48
2.195	Priority creditor's name and mailing address SHARON BRADLEY ADDRESS REDACTED Date or dates debt was incurred 9/1/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.84 \$12.84

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		Total claim	Priority amount
2.196	Priority creditor's name and mailing address SHARON FRANCIS ADDRESS REDACTED Date or dates debt was incurred 7/1/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.80 \$68.80
2.197	Priority creditor's name and mailing address SHEILA JOHNSON ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.60 \$51.60
2.198	Priority creditor's name and mailing address SHELBE MURRAY ADDRESS REDACTED Date or dates debt was incurred 8/30/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.00 \$7.00
2.199	Priority creditor's name and mailing address SHELLEY ROBINETT ADDRESS REDACTED Date or dates debt was incurred 10/28/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.94 \$5.94

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		Total claim	Priority amount
2.200	Priority creditor's name and mailing address SHELLIE A RICHARD-THOMAS ADDRESS REDACTED Date or dates debt was incurred 12/1/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.00 \$13.00
2.201	Priority creditor's name and mailing address SHIRLEY LIVINGSTON ADDRESS REDACTED Date or dates debt was incurred 11/13/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.99 \$47.99
2.202	Priority creditor's name and mailing address SHUNETHIA JOHNSON ADDRESS REDACTED Date or dates debt was incurred 4/10/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.94 \$23.94
2.203	Priority creditor's name and mailing address SILVIA OCON ADDRESS REDACTED Date or dates debt was incurred 10/18/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00 \$50.00

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		Total claim	Priority amount
2.204	Priority creditor's name and mailing address STACEY TOWNS ADDRESS REDACTED Date or dates debt was incurred 1/31/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.49 \$37.49
2.205	Priority creditor's name and mailing address STACY CLASBY ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$196.93 \$196.93
2.206	Priority creditor's name and mailing address STEPHANIE SMITH ADDRESS REDACTED Date or dates debt was incurred 6/20/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.52 \$39.52
2.207	Priority creditor's name and mailing address SUSAN KRALL ADDRESS REDACTED Date or dates debt was incurred 12/2/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$493.22 \$493.22

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		Total claim	Priority amount
2.208	Priority creditor's name and mailing address SUSAN LABREE ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.35 \$52.35
2.209	Priority creditor's name and mailing address TAMARA M MAYER ADDRESS REDACTED Date or dates debt was incurred 1/10/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.72 \$9.72
2.210	Priority creditor's name and mailing address TANEICHA S. GRADY-BRAVO ADDRESS REDACTED Date or dates debt was incurred 6/10/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.79 \$42.79
2.211	Priority creditor's name and mailing address TARA R STEWART ADDRESS REDACTED Date or dates debt was incurred 6/2/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257.41 \$257.41

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		Total claim	Priority amount
2.212	Priority creditor's name and mailing address TEXOLLA WEST ADDRESS REDACTED Date or dates debt was incurred 10/3/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$635.99 \$635.99
2.213	Priority creditor's name and mailing address THERESA CHRISTOPHER ADDRESS REDACTED Date or dates debt was incurred 2/12/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.83 \$205.83
2.214	Priority creditor's name and mailing address TIFFANY ADAMS ADDRESS REDACTED Date or dates debt was incurred 4/20/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.87 \$43.87
2.215	Priority creditor's name and mailing address TIM VAN ALLEN ADDRESS REDACTED Date or dates debt was incurred 1/27/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00 \$100.00

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		Total claim	Priority amount
2.216	Priority creditor's name and mailing address TONIA BELLARD ADDRESS REDACTED Date or dates debt was incurred 9/1/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$971.25 \$971.25
2.217	Priority creditor's name and mailing address TONYA THIELE ADDRESS REDACTED Date or dates debt was incurred 9/26/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.21 \$97.21
2.218	Priority creditor's name and mailing address TRACEY NEAL ADDRESS REDACTED Date or dates debt was incurred 9/16/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.96 \$119.96
2.219	Priority creditor's name and mailing address VALERIE SANCHEZ ADDRESS REDACTED Date or dates debt was incurred 6/5/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.46 \$78.46

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		Total claim	Priority amount
2.220	Priority creditor's name and mailing address VANESSA WREN ADDRESS REDACTED Date or dates debt was incurred 11/28/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.69 \$101.69
2.221	Priority creditor's name and mailing address VERNA REGIER ADDRESS REDACTED Date or dates debt was incurred 2/9/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.88 \$122.88
2.222	Priority creditor's name and mailing address VERONICA FRUGE ADDRESS REDACTED Date or dates debt was incurred 10/6/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.79 \$7.79
2.223	Priority creditor's name and mailing address VICTORIA A. DELA FUENTE ADDRESS REDACTED Date or dates debt was incurred 12/15/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00 \$15.00

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		Total claim	Priority amount
2.224	Priority creditor's name and mailing address VICTORIA CISSE ADDRESS REDACTED Date or dates debt was incurred 3/16/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.00 \$36.00
2.225	Priority creditor's name and mailing address WENDY BELL ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$446.64 \$446.64
2.226	Priority creditor's name and mailing address YOLANDA JUDY YOUNG ADDRESS REDACTED Date or dates debt was incurred 4/10/2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.85 \$30.85
2.227	Priority creditor's name and mailing address ZAN JONES ADDRESS REDACTED Date or dates debt was incurred 1/15/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199.90 \$199.90

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 1: Additional Page**

		Total claim	Priority amount
2.228	Priority creditor's name and mailing address ZIPPORAH RICE ADDRESS REDACTED Date or dates debt was incurred 3/23/2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00 \$21.00
2.229	Priority creditor's name and mailing address ZORAHADA GARZA ADDRESS REDACTED Date or dates debt was incurred 6/28/2016 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.65 \$8.65

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 1717 WEST 6TH STREET(TX), LLC 4700 WILSHIRE BLVD. LOS ANGELES, CA 90010 Date or dates debt was incurred 7/20/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,023.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address AACA PARTS & SUPPLIES 3227 MILITARY PARKWAY MESQUITE, TX 75149 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$920.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address AANAC 400 S COLORADO BLVD #600 DENVER, CO 80246 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$3,524.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address ACCESS POINT INC. P.O. BOX 842447 BOSTON, MA 02284-2447 Date or dates debt was incurred 11/15/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$101.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.5	Nonpriority creditor's name and mailing address ACEPROJECT 212-825 LEBOURGNEU BLVD QC G2J 0B9 CANADA Date or dates debt was incurred 5/8/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$129.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address ADP, INC. P.O. BOX 78415 PHOENIX, AZ 85062-8415 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$164,817.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address ADRIAN ROBLES 5500 OVERPASS RD APT 308 BUDA, TX 78610 Date or dates debt was incurred 12/4/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$202.79 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT REFUNDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address ADRIANNE JONES ADDRESS REDACTED Date or dates debt was incurred 10/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$48.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.9	Nonpriority creditor's name and mailing address AHS-MEDREC, INC. D/B/A MEDREC 85 NE LOOP 410, STE 610 SAN ANTONIO, TX 78216 Date or dates debt was incurred 10/20/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$4,085.33 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACT LABOR Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address ALBERTO CASAREZ ADDRESS REDACTED Date or dates debt was incurred 5/12/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$19.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address ALICE CHEN ADDRESS REDACTED Date or dates debt was incurred 8/17/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$77.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address ALICIA GUERRERO ADDRESS REDACTED Date or dates debt was incurred 9/17/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$125.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.13	Nonpriority creditor's name and mailing address ALL IN ONE POSTER COMPANY INC 1156 N GILBERT ST ANAHEIM, CA 92801 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$106.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address ALL-PUMP & EQUIP. CO. 5811 KANSAS HOUSTON, TX 77007-1199 Date or dates debt was incurred 7/9/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$4,243.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address ALLEN MALL - #165 ADDRESS REDACTED Date or dates debt was incurred 8/10/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$103.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address ALLIANCE INSURANCE GROUP 360 E TENTH AVENUE SUITE 101 EUGENE, OR 97401 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$15,625.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.17	Nonpriority creditor's name and mailing address ALLIED FIRE PROTECTION, LP P.O. BOX 2842 PEARLAND, TX 77588 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,325.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address ALLISON MARTIN ADDRESS REDACTED Date or dates debt was incurred 6/4/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$54.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address ALLISON SMITH ADDRESS REDACTED Date or dates debt was incurred 8/8/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$29.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address ALLSCRIPTS P.O. BOX 60030 CHARLOTTE, NC 28260-0030 Date or dates debt was incurred 10/2/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$37,768.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.21	Nonpriority creditor's name and mailing address ALPHEUS DATA SERVICES, LLC P.O. BOX 301630 DALLAAS, TX 75303 Date or dates debt was incurred 9/1/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,345.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address ALTERNATIVE BUSINESS AUTOMATIO 2000 E RANDOL MILLS RD STE 610 ARLINGTON, TX 76011 Date or dates debt was incurred 9/15/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$307.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address AMANDA BURNETT ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$751.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address AMARILLO CORPORATE SERVICES, L 500 SOUTH TAYLOR, SUITE 1100, LB 219 AMARILLO, TX 79101 Date or dates debt was incurred 11/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$7,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.25	Nonpriority creditor's name and mailing address AMERICAN HEALTHTECH P.O. BOX 12310 JACKSON, MS 39236 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$40,686.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address AMY ELIZONDO ADDRESS REDACTED Date or dates debt was incurred 1/11/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$28.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address ANDREW KERR ADDRESS REDACTED Date or dates debt was incurred 8/18/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$10,144.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address ANGIE HART ADDRESS REDACTED Date or dates debt was incurred 2/26/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$381.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.29	Nonpriority creditor's name and mailing address ARAIN MCCLAIN ADDRESS REDACTED Date or dates debt was incurred 7/24/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$590.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address ARANSAS PROPANE CO. , INC. P.O. BOX 2460 ROCKPORT, TX 78381 Date or dates debt was incurred 8/23/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$104.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address ARMADA ADMINISTRATORS P.O. BOX 37769 BALTIMORE, MD 21297-3769 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$17,727.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address ASHLEY PERKINS ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$409.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.33	Nonpriority creditor's name and mailing address ASPIRE INFO SOLUTIONS , INC 2238 LONGVIEW RD IRVING, TX 75063 Date or dates debt was incurred 10/29/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$3,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address AT&T P.O. BOX 105068 ATLANTA, GA 30348-5068 Date or dates debt was incurred 11/10/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$26.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address AT&T -5014 P.O. BOX 5014 CAROL STREAM, IL 60197-5014 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$580.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address AT&T 105262 P.O. BOX 105262 ATLANTA, GA 30348-5262 Date or dates debt was incurred 9/22/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$13.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.37	Nonpriority creditor's name and mailing address AT&T 105414 P.O. BOX 105414 ATLANTA, GA 30348 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,082.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address AT&T MOBILITY - 6463 P.O. BOX 8229 AURORA, IL 60572-8229 Date or dates debt was incurred 1/5/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$88.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address AT&T/ 5001 P.O. BOX 5001 CAROL STREAM, IL 60197-5001 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$458.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	Nonpriority creditor's name and mailing address AT&T019 P.O. BOX 5094 AT&T CAROL STREAM, IL 60197-5094 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,212.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.41	Nonpriority creditor's name and mailing address ATLAS, HALL & RODRIGUEZ P.O. BOX 3725 MCALLEN, TX 78502 Date or dates debt was incurred 11/19/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$4,548.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	Nonpriority creditor's name and mailing address ATMOS ENERGY 1005 CONVENTION PLAZA ST. LOUIS, MO 63101 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$29,156.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Nonpriority creditor's name and mailing address AUSTIN GERIATRIC SPECIALISTS 1108 LAVACA ST. STE. 110 - 320 AUSTIN, TX 78701 Date or dates debt was incurred 6/5/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address AUSTIN GERIATRIC SPECIALISTS P #320 603 WEST 13TH STREET #1A AUSTIN, TX 78701 Date or dates debt was incurred 9/5/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.45	Nonpriority creditor's name and mailing address AUTOMOTIVE RENTALS INC P.O. BOX 8500-4375 PHILADELPHIA, PA 19178-4375	As of the petition filing date, the claim is: \$20,304.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Various Last 4 digits of account number	

3.46	Nonpriority creditor's name and mailing address AVATT SERVICES INC 340 CR 260 LIBERTY HILL, TX 78642	As of the petition filing date, the claim is: \$609.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred 6/15/2017 Last 4 digits of account number	

3.47	Nonpriority creditor's name and mailing address AVAYA INC. 211 MT AIRY ROAD BASKING RIDGE, NJ 07920	As of the petition filing date, the claim is: \$787.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Various Last 4 digits of account number	

3.48	Nonpriority creditor's name and mailing address AVAYA INC. (NEW YORK) P.O. BOX 5332 NEW YORK, NY 10087-5332	As of the petition filing date, the claim is: \$359.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Various Last 4 digits of account number	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.49	Nonpriority creditor's name and mailing address AZUCENA RIVERA ADDRESS REDACTED Date or dates debt was incurred 12/11/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$19.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50	Nonpriority creditor's name and mailing address BARNETT & GARCIA PLLC 3821 JUNIPER TRACE SUITE 108 AUSTIN, TX 78738 Date or dates debt was incurred 11/8/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$6,175.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	Nonpriority creditor's name and mailing address BAXTER HEALTHCARE CORP P.O. BOX 730531 DALLAS, TX 75373 Date or dates debt was incurred 3/31/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$419.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	Nonpriority creditor's name and mailing address BCM ONE P.O. BOX 36204 NEWARK, NJ 07188-0001 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$10,146.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.53	Nonpriority creditor's name and mailing address BEARD KULTGEN BROPHY BOSTWICK 220 SOUTH FOURTH STREET WACO, TX 76701 Date or dates debt was incurred 9/12/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54	Nonpriority creditor's name and mailing address BERNARDO RUIZ ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$247.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.55	Nonpriority creditor's name and mailing address BETH MCCARTY ADDRESS REDACTED Date or dates debt was incurred 10/25/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$22.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.56	Nonpriority creditor's name and mailing address BETHANY WALKER ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$2,158.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.57	Nonpriority creditor's name and mailing address BILLIE JO NUNNERY ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$90.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58	Nonpriority creditor's name and mailing address BILLY SMITH 106 NORTH BELTLINE 106 NORTH BELTLINE GARLAND, TX 75040 Date or dates debt was incurred 12/4/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$26.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.59	Nonpriority creditor's name and mailing address BIOMEDICAL WASTE SOLUTIONS, LL P.O. BOX 26019 DEPT. 7063 BEAUMONT, TX 77720 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,498.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	Nonpriority creditor's name and mailing address BIRCH COMMUNICATIONS DEPT 2544 P.O. BOX 122544 DALLAS, TX 75312-2544 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$48,855.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.61	Nonpriority creditor's name and mailing address BKD, LLP 1034 W. MAIN STREET BRANSON, MO 65615-1277 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$184,535.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	Nonpriority creditor's name and mailing address BLACKWELL AND DUNCAN PLLC 15851 N DALLAS PKWY STE 600 ADDISON, TX 75001 Date or dates debt was incurred 6/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$18.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	Nonpriority creditor's name and mailing address BLANKS PRINTING AND IMAGING 2343 NORTH BECKLEY DALLAS, TX 75208 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$45,996.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	Nonpriority creditor's name and mailing address BLUEBIRD BROADBAND SERVICES 1325 BARKSDALE BLVD STE#100 BOSSIER CITY, LA 71111 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$698.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.65	Nonpriority creditor's name and mailing address BRASWELL OFFICE SYSTEMS 301 MESQUITE CORPUS CHRISTI, TX 78401 Date or dates debt was incurred 8/2/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$27.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66	Nonpriority creditor's name and mailing address BRITNEY RESTIVO ADDRESS REDACTED Date or dates debt was incurred 12/3/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	Nonpriority creditor's name and mailing address BRYAN KEITH WHITE 1307 SYLVAN CT ARLINGTON, TX 76012 Date or dates debt was incurred 1/1/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$3,600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68	Nonpriority creditor's name and mailing address BULK TV AND INTERNET 8537 SIX FORKS ROAD, SUITE 100 RALEIGH, NC 27615 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$41,975.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.69	Nonpriority creditor's name and mailing address BURTON METAL WORKS 105 METRO DRIVE TERRELL, TX 75160-9105 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$645.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	Nonpriority creditor's name and mailing address C. DAVID GARVIN, M.D. 1300 N. STATE HWY. 91 DENISON, TX 75020 Date or dates debt was incurred 2/1/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71	Nonpriority creditor's name and mailing address CABLE ONE - PHOENIX 1314 N. THIRD STREET PHOENIX, AZ 85004 Date or dates debt was incurred 11/8/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$91.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	Nonpriority creditor's name and mailing address CAMERON CULVER MD 10850 COLBERT WAY DALLAS, TX 75218 Date or dates debt was incurred 4/27/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.73	Nonpriority creditor's name and mailing address CANDACE PITKIN ADDRESS REDACTED Date or dates debt was incurred 11/28/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$283.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74	Nonpriority creditor's name and mailing address CANDLEWOOD SUITES - BAYTOWN 6126 GARTH ROAD BAYTOWN, TX 77521 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,060.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75	Nonpriority creditor's name and mailing address CANDLEWOOD SUITES SAN ANGELO 4587 W. HOUSTON HARTE EXPY. SAN ANGELO, TX 76901 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$3,803.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76	Nonpriority creditor's name and mailing address CANON BUSINESS SOLUTIONS INC 15004 COLLECTIONS CENTER DR CHICAGO, IL 60693 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$624.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.77	Nonpriority creditor's name and mailing address CANON FINANCIAL SERVICES INC 13824 COLLECTION CENTER DR CHICAGO, IL 60693-0138 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$17,668.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78	Nonpriority creditor's name and mailing address CANON SOLUTIONS AMERICA P.O. BOX 742265 ATLANTA, GA 30374-2265 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$591.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	Nonpriority creditor's name and mailing address CARBONITE, INC. 2 AVENUE DE LAFAYETTE 6TH FLOOR BOSTON, MA 02111 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$6,258.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80	Nonpriority creditor's name and mailing address CARENOW CORPORATE 3751 SOUTH I-35 E DENTON, TX 76210-6852 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$118.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.81	Nonpriority creditor's name and mailing address CAREPOINT PARTNERS INFUSION PARTNERS, LLC P.O. BOX 418711 BOSTON, MA 02241-8711 Date or dates debt was incurred 3/20/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$832.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82	Nonpriority creditor's name and mailing address CAREWORX INC. 48 CENTENNIAL RD., UNIT 18 ORANGEVILLE, ON L9W 3T4 CANADA Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$3,213.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.83	Nonpriority creditor's name and mailing address CARLS MCDONALD & DALRYMPLE (LAW FIRM) BARTON OAKS PLAZA 2 SOUTH MOPAC EXPRESSWAY SUITE 500 AUSTIN, TX 78746 Date or dates debt was incurred 2016-2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$17,568.09 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE COLLECTION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.84	Nonpriority creditor's name and mailing address CAROLINA FINANCIAL SECURITIES 100 ELKS CLUB RD BREVARD, NC 28712 Date or dates debt was incurred 4/26/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$42,210.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.85	Nonpriority creditor's name and mailing address CASEY MANASCO ADDRESS REDACTED Date or dates debt was incurred 6/19/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$75.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.86	Nonpriority creditor's name and mailing address CASEY WARD ADDRESS REDACTED Date or dates debt was incurred 9/25/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$22.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.87	Nonpriority creditor's name and mailing address CATHI CONEY ADDRESS REDACTED Date or dates debt was incurred 11/11/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.88	Nonpriority creditor's name and mailing address CATHY DEAN ADDRESS REDACTED Date or dates debt was incurred 9/25/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$45.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

			Amount of claim
3.89	Nonpriority creditor's name and mailing address CATHY HENDERSON ADDRESS REDACTED Date or dates debt was incurred 3/16/2017 Last 4 digits of account number	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.27
3.90	Nonpriority creditor's name and mailing address CENTURY HEALTHCARE LLC 6300 FALLWATER TRAIL STE 120 THE COLONY, TX 75056 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$538,169.46
3.91	Nonpriority creditor's name and mailing address CENTURY LINK -52187 P.O. BOX 52187 PHOENIX, AZ 85072-2187 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$905.97
3.92	Nonpriority creditor's name and mailing address CENTURYLINK P.O. BOX 52187 PHOENIX, AZ 85072-2187 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$633,323.14

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.93	Nonpriority creditor's name and mailing address CENTURYLINK - 2961 P.O. BOX 2961 PHOENIX, AZ 85062-2961 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$531.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94	Nonpriority creditor's name and mailing address CENTURYLINK COMMUNICATIONS, LL P.O. BOX 4786 MONROE, LA 71211-4786 Date or dates debt was incurred 11/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$969.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95	Nonpriority creditor's name and mailing address CERIDIAN CORPORATION-CTS 3311 EAST OLD SHAKOPEE ROAD MINNEAPOLIS, MN 55425 Date or dates debt was incurred 8/1/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$106.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96	Nonpriority creditor's name and mailing address CERIDIAN HCM, INC 3311 EAST OLD SHAKOPEE RD MINNEAPOLIS, MN 55425 Date or dates debt was incurred 2/26/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,705.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.97	Nonpriority creditor's name and mailing address CERNER CORPORATION P.O. BOX 412702 KANSAS CITY, MO 64141-2702 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$13,524.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address CEU360 ROCKY MOUNTAIN PUBLISHING, LLC 5048 TENNYSON PARKWAY, SUITE 200 PLANO, TX 75024 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$91,380.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	Nonpriority creditor's name and mailing address CHARLES R STEWART ADDRESS REDACTED Date or dates debt was incurred 8/22/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$6.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	Nonpriority creditor's name and mailing address CHARTER COMMUNICATIONS - ST LO P.O. BOX 790264 SAINT LOUIS, MO 63179 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$291.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.101	Nonpriority creditor's name and mailing address CHARTER COMMUNICATIONS- LOS AN P.O. BOX 60229 LOS ANGELES, CA 90060-0229 Date or dates debt was incurred 11/4/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$119.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102	Nonpriority creditor's name and mailing address CHEROKEEAN HERALD KTLU LLC P.O. BOX 475 RUSK, TX 75785 Date or dates debt was incurred 12/31/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$168.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.103	Nonpriority creditor's name and mailing address CHRISTINA STAGG ADDRESS REDACTED Date or dates debt was incurred 2/28/2014 Last 4 digits of account number	As of the petition filing date, the claim is: \$489.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.104	Nonpriority creditor's name and mailing address CHRISTOPHER DAVIS ADDRESS REDACTED Date or dates debt was incurred 3/7/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$18.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.105 Nonpriority creditor's name and mailing address**CHRISTOPHER HODGE
ADDRESS REDACTED**As of the petition filing date, the claim is:****\$250.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

11/16/2018

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.106 Nonpriority creditor's name and mailing addressCISCO SYSTEMS CAPITAL CORPORAT
P.O. BOX 742927
LOS ANGELES, CA 90074-2927**As of the petition filing date, the claim is:****\$43,546.50**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.107 Nonpriority creditor's name and mailing addressCIT TECHNOLOGY FINANCIAL SERV,
21146 NETWORK PLACE
CHICAGO, IL 60673-1211**As of the petition filing date, the claim is:****\$18,241.53**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.108 Nonpriority creditor's name and mailing addressCITY OF AUSTIN
P. O. BOX 2267
AUSTIN, TX 78783-2267**As of the petition filing date, the claim is:****\$9,131.70**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UTILITIES

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.109	Nonpriority creditor's name and mailing address CITY OF LEWISVILLE FIRE PREVEN P.O. BOX 299002 151 W CHURCH STREET LEWISVILLE, TX 75029 Date or dates debt was incurred 6/27/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$175.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.110	Nonpriority creditor's name and mailing address CITY OF SAN ANTONIO - REVENUE P.O. BOX 839975 SAN ANTONIO, TX 78283-3975 Date or dates debt was incurred 5/10/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$214.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.111	Nonpriority creditor's name and mailing address CITY OF SHREVEPORT-DEPT. OF WA 505 TRAVIS STREET SHREVEPORT, LA 71101 Date or dates debt was incurred 2/12/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$263.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.112	Nonpriority creditor's name and mailing address CITY OF WINDCREST 8601 MIDCROWN WINDCREST, TX 78239 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$9,726.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.113	Nonpriority creditor's name and mailing address CLAIRE FREEMAN ADDRESS REDACTED Date or dates debt was incurred 5/24/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$99.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114	Nonpriority creditor's name and mailing address CLAUDIA FLORES ADDRESS REDACTED Date or dates debt was incurred 9/29/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$202.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115	Nonpriority creditor's name and mailing address CLIFTON LARSON ALLEN LLP 5001 SPRING VALLEY ROAD SUITE 600W DALLAS, TX 75244 Date or dates debt was incurred 9/28/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$10,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116	Nonpriority creditor's name and mailing address CMS IP TECHNOLOGIES P.O. BOX 12130 2930 EASTEX FWY BEAUMONT, TX 77703-2130 Date or dates debt was incurred 2/22/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$182.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.117 Nonpriority creditor's name and mailing addressCNA DEDUCTIBLE RECOVERY GROUP
P.O. BOX 6065-02
HERMITAGE, PA 16148-1068

As of the petition filing date, the claim is:

\$100,000.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

8/25/2017

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.118 Nonpriority creditor's name and mailing addressCOLONIAL LIFE ACCIDENT & INSUR
1 FOUNTAIN SQUARE
CHATTANOOGA, TN 37402-1330

As of the petition filing date, the claim is:

\$138,876.78

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

INSURANCE

Date or dates debt was incurred

9/10/2018

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.119 Nonpriority creditor's name and mailing addressCOMBINED GROUP SERVICES INC.
P.O. BOX 819045
DALLAS, TX 75381-9045

As of the petition filing date, the claim is:

\$57,914.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

INSURANCE

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.120 Nonpriority creditor's name and mailing addressCOMCAST
P.O. BOX 530098
ATLANTA, GA 30353-0098

As of the petition filing date, the claim is:

\$675.04

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UTILITIES

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.121	Nonpriority creditor's name and mailing address COMCAST - CHARLOTTE ONE COMCAST CENTER 32ND FLOOR PHILADELPHIA, PA 19103 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,939.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122	Nonpriority creditor's name and mailing address COMCAST BUSINESS P.O. BOX 37601 PHILADELPHIA, PA 19101-0601 Date or dates debt was incurred 11/15/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,130.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.123	Nonpriority creditor's name and mailing address COMCAST-660618 P.O. BOX 660618 DALLAS, TX 75266-0618 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,671.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.124	Nonpriority creditor's name and mailing address COMFORT INN AIRPORT HOTEL 6645 GATEWAY WEST BLVD EL PASO, TX 79925 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$3,999.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.125	Nonpriority creditor's name and mailing address COMMUNITY PORTABLE X-RAY INC. P.O. BOX 864808 PLANO, TX 75086 Date or dates debt was incurred 8/31/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$447.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.126	Nonpriority creditor's name and mailing address CONEXUS SG LLC 4201 SPRING VALLEY ROAD SUITE 1420 DALLAS, TX 75244 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$5,190.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.127	Nonpriority creditor's name and mailing address CONSLAR SANDERS ADDRESS REDACTED Date or dates debt was incurred 3/1/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$195.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.128	Nonpriority creditor's name and mailing address COPY GRAPHICS 221 NORTH 10TH STREET MCALLEN, TX 78501 Date or dates debt was incurred 7/5/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$181.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.129	Nonpriority creditor's name and mailing address CORPORATE IMAGING CONCEPTS 308 WAINWRIGHT DR NORTHBROOK, IL 60062 Date or dates debt was incurred 9/30/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$2,875.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130	Nonpriority creditor's name and mailing address CORTNEY LEIGH POWELL ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$39.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131	Nonpriority creditor's name and mailing address COURTNEY ARMSTRONG ADDRESS REDACTED Date or dates debt was incurred 12/12/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$8.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.132	Nonpriority creditor's name and mailing address COWAN LAW FIRM LLP 111 VETERANS BLVD SUITE 1050 METAIRIE, LA 70005 Date or dates debt was incurred 10/23/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$6,113.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.133	Nonpriority creditor's name and mailing address CPI IMAGING P.O. BOX 934 SULPHUR SPRINGS, TX 75483 Date or dates debt was incurred 8/13/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$181.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134	Nonpriority creditor's name and mailing address CURRENT SAFETY SYSTEMS, LLC POBOX 2054 BANDERA, TX 78003 Date or dates debt was incurred 11/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$44.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.135	Nonpriority creditor's name and mailing address CYXTERA COMMUNICATIONS LLC 2333 PONCE DE LEON BLVD STE 900 CORAL GABLES, FL 33134 Date or dates debt was incurred 11/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$7,029.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.136	Nonpriority creditor's name and mailing address DAHILL P.O. BOX 205354 DALLAS, TX 75320 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$8,369.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.137	Nonpriority creditor's name and mailing address DAMENA METTA ADDRESS REDACTED Date or dates debt was incurred 7/31/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$16.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.138	Nonpriority creditor's name and mailing address DANIELA VELASQUEZ ADDRESS REDACTED Date or dates debt was incurred 8/3/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$33.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.139	Nonpriority creditor's name and mailing address DANYELL YOUNG ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$168.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.140	Nonpriority creditor's name and mailing address DARRIAN KENDALL DARRIAN KENDALL 7301 N STATE HIGHWAY 161, SUITE #270 IRVING, TX 75039 Date or dates debt was incurred 11/13/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$100.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACT LABOR Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.141 Nonpriority creditor's name and mailing addressDARRYLE FEATHERSTONE
ADDRESS REDACTED**Date or dates debt was incurred**

11/19/2018

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$138.56

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.142 Nonpriority creditor's name and mailing addressDATABANK IMX, LLC
620 FREEDOM BUSINESS CENTER, 120
KING OF PRUSSIA, PA 19406**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$8,685.76

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.143 Nonpriority creditor's name and mailing addressDAVID BOLKOVAC
ADDRESS REDACTED**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$557.36

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.144 Nonpriority creditor's name and mailing addressDAVID DE LOS SANTOS
ADDRESS REDACTED**Date or dates debt was incurred**

12/10/2017

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$10.52

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.145 Nonpriority creditor's name and mailing addressDAVID DOCKERY
ADDRESS REDACTED

As of the petition filing date, the claim is:

\$10.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

5/24/2017

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.146 Nonpriority creditor's name and mailing addressDAWN KUSER
ADDRESS REDACTED

As of the petition filing date, the claim is:

\$532.98

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

8/3/2015

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.147 Nonpriority creditor's name and mailing addressDBA RELIABLE WASTEWATER
7225 NORTH STREET
NACOGDOCHES, TX 75965

As of the petition filing date, the claim is:

\$150.50

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

2/23/2018

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.148 Nonpriority creditor's name and mailing addressDBA SUDDENLINK
P.O. BOX 742535
CINCINNATI, OH 45274-2535

As of the petition filing date, the claim is:

\$2,911.75

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UTILITIES

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.149	Nonpriority creditor's name and mailing address DEBORAH WILLIAMS P.O. BOX 31872 HOUSTON, TX 77231 Date or dates debt was incurred 11/16/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$249.30 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT REFUNDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.150	Nonpriority creditor's name and mailing address DEBRA WOODY MACKEY FLOORING CONTRACTORS 1710 LEVEE STREET DALLAS, TX 75207 Date or dates debt was incurred 10/1/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$132.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.151	Nonpriority creditor's name and mailing address DEDEE CRAMER ADDRESS REDACTED Date or dates debt was incurred 10/17/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$120.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.152	Nonpriority creditor's name and mailing address DEMI STIEWERT ADDRESS REDACTED Date or dates debt was incurred 10/25/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$77.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.153 Nonpriority creditor's name and mailing addressDENITECH
820 W SANDY LAKE RD STE 100
COPPELL, TX 75019**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$19,512.05

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.154 Nonpriority creditor's name and mailing addressDENITECH CORPORATION (DES MOIN
MAC N0005-055
800 WALNUT STREET
DES MOINES, IA 50309**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$165,133.92

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.155 Nonpriority creditor's name and mailing addressDES FINANCIAL SERVICES
FORM SOLUTIONS INC
P.O. BOX 39
ARLINGTON, TX 76004**Date or dates debt was incurred**

4/20/2016

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$661.04

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.156 Nonpriority creditor's name and mailing addressDESIGN FARM INC.
1100 CASTLE CT
AUSTIN, TX 78703-4900**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$14,100.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.157 Nonpriority creditor's name and mailing addressDESIREE HODGE
ADDRESS REDACTED

As of the petition filing date, the claim is:

\$24.49

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

4/20/2016

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.158 Nonpriority creditor's name and mailing addressDIANA URISTA
ADDRESS REDACTED

As of the petition filing date, the claim is:

\$358.80

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.159 Nonpriority creditor's name and mailing addressDIANNE BARBARA EDWARDS
ADDRESS REDACTED

As of the petition filing date, the claim is:

\$29.50

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

3/15/2017

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.160 Nonpriority creditor's name and mailing addressDIANNE H. THOMPSON
ADDRESS REDACTED

As of the petition filing date, the claim is:

\$222.82

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

1/5/2017

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.161	Nonpriority creditor's name and mailing address DIGITAL TELEFONES P.O. BOX 852184 RICHARDSON, TX 75085-2184 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$5,967.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.162	Nonpriority creditor's name and mailing address DIRECT SUPPLY P.O. BOX 88201 MILWAUKEE, WI 53288-0201 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$406.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.163	Nonpriority creditor's name and mailing address DIRECTTV P.O. BOX 60036 LOS ANGELES, CA 90060-0036 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$3,342.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.164	Nonpriority creditor's name and mailing address DISCOUNT HELIUM OF DALLAS, INC P.O. BOX 872061 MESQUITE, TX 75187 Date or dates debt was incurred 6/10/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$189.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.165	Nonpriority creditor's name and mailing address DOMAIN LISTINGS P.O. BOX 19607 LAS VEGAS, NV 89132-0607 Date or dates debt was incurred 3/10/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$228.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.166	Nonpriority creditor's name and mailing address DON THOMPSON ADDRESS REDACTED Date or dates debt was incurred 11/15/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$151.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.167	Nonpriority creditor's name and mailing address DONA GERON ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$34.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168	Nonpriority creditor's name and mailing address DONNA EANES ADDRESS REDACTED Date or dates debt was incurred 5/25/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$26.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.169	Nonpriority creditor's name and mailing address DR. MARTINA TAMAKLOE 327 JEFFERSON OAKS DRIVE RUSTON, LA 71270 Date or dates debt was incurred 6/5/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.170	Nonpriority creditor's name and mailing address DR. MAYANK PATEL 11920 ASTORIA BLVD, #320 HOUSTON, TX 77089 Date or dates debt was incurred 7/31/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.171	Nonpriority creditor's name and mailing address DR. MICHAEL ROMAIN AUSTIN DIAGNOSTIC CLINIC 12221 N. MOPAC EXPRY AUSTIN, TX 78758 Date or dates debt was incurred 4/11/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$2,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.172	Nonpriority creditor's name and mailing address DR. MICHAEL SHANE PHILLIPS 180 LAGNIAPPE DR RUSTON, LA 71270 Date or dates debt was incurred 6/5/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.173	Nonpriority creditor's name and mailing address DR. OMAR A. ZANTUA P.O. BOX 844904 LOS ANGELES, CA 90084-4904 Date or dates debt was incurred 9/6/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$2,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.174	Nonpriority creditor's name and mailing address DR. RICHARD BELLINGER ROCKWALL-FAMILY MEDICAL CTR. 201 FM 550 ROCKWALL, TX 75032 Date or dates debt was incurred 7/31/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.175	Nonpriority creditor's name and mailing address DR. VINCENT LOCOCO 106 TRI-STATE SAREPTA, LA 71071 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.176	Nonpriority creditor's name and mailing address DR. WILLIAM P. SANDERS 321 STOW CREEK RD RUSTON, LA 71270 Date or dates debt was incurred 6/5/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.177	Nonpriority creditor's name and mailing address E - LOCALLINK, INC 130 EAST MAIN STREET 1ST FLOOR ROCHESTER, NY 14604 Date or dates debt was incurred 5/24/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.178	Nonpriority creditor's name and mailing address EDGEWATER TECHNOLOGY-RANZAL L 200 HARVARD MILL SQUARE STE. 210 WAKEFIELD, MA 01880 Date or dates debt was incurred 5/4/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$3,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.179	Nonpriority creditor's name and mailing address EDWARD BERNACKI ADDRESS REDACTED Date or dates debt was incurred 11/15/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$349.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.180	Nonpriority creditor's name and mailing address ELENA CANTU ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$532.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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		Amount of claim
3.181	Nonpriority creditor's name and mailing address ELISA SALAZAR ADDRESS REDACTED Date or dates debt was incurred 8/10/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$27.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.182	Nonpriority creditor's name and mailing address ELIZABETH ARMSTONG ADDRESS REDACTED Date or dates debt was incurred 5/5/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$112.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.183	Nonpriority creditor's name and mailing address ELIZABETH HERNANDEZ ADDRESS REDACTED Date or dates debt was incurred 10/25/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$94.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.184	Nonpriority creditor's name and mailing address EMILY HEATH 704 PRAIRE TIMBER ROAD BURLESON, TX 76028 Date or dates debt was incurred 10/11/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.185	Nonpriority creditor's name and mailing address EMILY ROBERSON ADDRESS REDACTED Date or dates debt was incurred 5/9/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$170.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.186	Nonpriority creditor's name and mailing address ENERGY ADVANTAGE HOLDING CORP. 303-5515 NORTH SERVICE ROAD BURLINGTON, ON L7L 6G4 CANADA Date or dates debt was incurred 10/31/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$2,385.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.187	Nonpriority creditor's name and mailing address ENTERGY P.O. BOX 61009 NEW ORLEANS, LA 70161 Date or dates debt was incurred 10/5/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$633.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.188	Nonpriority creditor's name and mailing address ERIKA CASTANEDA ADDRESS REDACTED Date or dates debt was incurred 11/9/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$21.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.189	Nonpriority creditor's name and mailing address ESOLUTIONS, INC. 401 W. FRONTIER LANE, SUITE 101 OLATHE, KS 66061-7221 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$9,817.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.190	Nonpriority creditor's name and mailing address ESTATE OF BRENDA J. LONG C/O POWERS TAYLOR ATTN: PATRICK POWERS 8150 N CENTRAL EXPRESSWAY, STE 1575 DALLAS, TX 75206 Date or dates debt was incurred UNKNOWN Last 4 digits of account number DC-17-00201	As of the petition filing date, the claim is: UNKNOWN <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION DC-17-00201 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.191	Nonpriority creditor's name and mailing address ESTATE OF BRENDA J. LONG C/O POWERS TAYLOR ATTN: PATRICK POWERS 8150 N CENTRAL EXPRESSWAY, STE 1575 DALLAS, TX 75206 Date or dates debt was incurred UNKNOWN Last 4 digits of account number DC-17-00201	As of the petition filing date, the claim is: UNKNOWN <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION DC-17-00201 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.192	Nonpriority creditor's name and mailing address EXECUTIVE OFFICELINX C/O RONALD KIP GATES 1905 ROYAL AVE MONROE, LA 71201 Date or dates debt was incurred Last 4 digits of account number 2017CV91054	As of the petition filing date, the claim is: \$464.44 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.193	Nonpriority creditor's name and mailing address EZEQUIEL OROZCO ADDRESS REDACTED Date or dates debt was incurred 10/27/2014 Last 4 digits of account number	As of the petition filing date, the claim is: \$210.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.194	Nonpriority creditor's name and mailing address FEDEX P.O. BOX 660481 DALLAS, TX 75266-0481 Date or dates debt was incurred 11/15/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$9.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.195	Nonpriority creditor's name and mailing address FELISHA LONG ADDRESS REDACTED Date or dates debt was incurred 4/30/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$99.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.196	Nonpriority creditor's name and mailing address FRAN FRITZ ADDRESS REDACTED Date or dates debt was incurred 4/30/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$721.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.197	Nonpriority creditor's name and mailing address FREDRICK JOHNSON ADDRESS REDACTED Date or dates debt was incurred 9/5/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$9.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.198	Nonpriority creditor's name and mailing address FRONTIER SOUTHWEST - FRONTIER P.O. BOX 740407 CINCINNATI, OH 45274-0407 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$2,969.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.199	Nonpriority creditor's name and mailing address FURNITURE SOLUTIONS LTD. 1473 TERRE COLONY COURT DALLAS, TX 75212 Date or dates debt was incurred 2/28/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,285.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.200	Nonpriority creditor's name and mailing address FUSION 4 BRANDING PRINT SYNERGIES, INC. 5228 VILLAGE CREEK DRIVE, SUITE #100 PLANO, TX 75093 Date or dates debt was incurred 2/14/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$230.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.201	Nonpriority creditor's name and mailing address GARY PERKINS ADDRESS REDACTED Date or dates debt was incurred 7/18/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$12.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.202	Nonpriority creditor's name and mailing address GAYE SPRINGER ADDRESS REDACTED Date or dates debt was incurred 3/2/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$16.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.203	Nonpriority creditor's name and mailing address GE CAPITAL C/O RICOH USA PROGR P.O. BOX 660342 DALLAS, TX 75266-0342 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$4,701.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.204	Nonpriority creditor's name and mailing address GEARY PORTER & DONOVAN PC 16475 DALLAS PARKWAY STE 400 ADDISON, TX 75001-6837 Date or dates debt was incurred 8/21/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,059.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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		Amount of claim
3.205	Nonpriority creditor's name and mailing address GEMAIRE DISTRIBUTORS LLC 2151 W. HILLSBORO BLVD. SUITE 400 DEERFIELD BEACH, FL 33442 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$643.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.206	Nonpriority creditor's name and mailing address GEMAIRE DISTRIBUTORS LLC - TX C/O ADAMS, LONDON & WEISS ATTN: JEFFERY MORRIS P.O. BOX 37428 HOUSTON, TX 77237 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$751.55 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE COLLECTION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.207	Nonpriority creditor's name and mailing address GERIATRIC ASSOCIATES OF AM, PA 8511 S. SAM HOUSTON PKWY E. STE. 101 HOUSTON, TX 77075-4857 Date or dates debt was incurred 2/1/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$2,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.208	Nonpriority creditor's name and mailing address GILBERTO RIVERA ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$22.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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		Amount of claim
3.209	Nonpriority creditor's name and mailing address GLENN ROGERS PLLC ATTORNEYS & COUNSELORS 11610 BEE CAVES RD AUSTIN, TX 78738 Date or dates debt was incurred 9/27/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$114.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.210	Nonpriority creditor's name and mailing address GLIDE LLC 304 ERROL DR SPICEWOOD, TX 78669 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$584.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.211	Nonpriority creditor's name and mailing address GLYNN BROWN ADDRESS REDACTED Date or dates debt was incurred 4/25/2013 Last 4 digits of account number	As of the petition filing date, the claim is: \$353.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.212	Nonpriority creditor's name and mailing address GORDON YELVERTON ADDRESS REDACTED Date or dates debt was incurred 8/31/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$3.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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		Amount of claim
3.213	Nonpriority creditor's name and mailing address GRADY TREW ADDRESS REDACTED Date or dates debt was incurred 11/25/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$35.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.214	Nonpriority creditor's name and mailing address GRANITE TELECOMMUNICATIONS CLIENT ID#311 P.O. BOX 983119 BOSTON, MA 02298-3119 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$5,485.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.215	Nonpriority creditor's name and mailing address GRAVES DOUGHERTY HEARON & MOOD P.O. BOX 98 AUSTIN, TX 78767 Date or dates debt was incurred 7/31/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$632.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.216	Nonpriority creditor's name and mailing address GREAT AMERICAN INSURANCE GROUP ECA DIVISION P.O. BOX 5430 CINCINNATI, OH 45201-5430 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$93,333.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.217	Nonpriority creditor's name and mailing address GUADALUPE REYES Date or dates debt was incurred UNKNOWN Last 4 digits of account number	As of the petition filing date, the claim is: UNKNOWN <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.218	Nonpriority creditor's name and mailing address GUENET TEFERRA ADDRESS REDACTED Date or dates debt was incurred 9/14/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.219	Nonpriority creditor's name and mailing address GUIDE IT 101 E. PARK BLVD STE. 1001 PLANO, TX 75074 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$55,350.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.220	Nonpriority creditor's name and mailing address HAJJAR PETERS, LLP 3144 BEE CAVE ROAD AUSTIN, TX 78746 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$8,972.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.221	Nonpriority creditor's name and mailing address HALL'S HEAT AND AIR MECHANICAL CONTRACTOR'S D/B/A HALL'S HEATING AND AIR C/O MARK W. ODOM 910 PIERREMONT RD, STE 410 SHREVEPORT, LA 71106 Date or dates debt was incurred 2017 Last 4 digits of account number 2018R06197	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,860.51
3.222	Nonpriority creditor's name and mailing address HAMPTON INN & SUITES - CORPUS 917 NORTH NAVIGATION BLVD. CORPUS CHRISTI, TX 78408 Date or dates debt was incurred 11/5/2018 Last 4 digits of account number	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141.45
3.223	Nonpriority creditor's name and mailing address HAMPTON INN & SUITES - DALLAS 700 STATE HIGHWAY 121 SUITE 175 LEWISVILLE, TX 75067 Date or dates debt was incurred 5/31/2017 Last 4 digits of account number	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,122.59
3.224	Nonpriority creditor's name and mailing address HAMPTON INN - SAN ANGELO 2959 LOOP 306 SAN ANGELO, TX 76904 Date or dates debt was incurred 9/2/2016 Last 4 digits of account number	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$628.28

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.225 Nonpriority creditor's name and mailing addressHARTFORD INSURANCE CO. OF THE
ONE HARTFORD PLAZA
HARTFORD, CT 06155**Date or dates debt was incurred**

5/8/2018

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$2,975.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

INSURANCE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.226 Nonpriority creditor's name and mailing addressHEIDI WEAR
ADDRESS REDACTED**Date or dates debt was incurred**

12/31/2015

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$78.19

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.227 Nonpriority creditor's name and mailing addressHEWLETT-PACKARD FINANCIAL SERV
200 CONNELL DR STE 5000
BERKELEY HEIGHTS, NJ 07922**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$64,114.24

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.228 Nonpriority creditor's name and mailing addressHILL COUNTRY DAIRIES, INC.
912 KRAMER LANE
AUSTIN, TX 78758**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$75.60

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.229	Nonpriority creditor's name and mailing address HILTON GARDEN INN TEMPLE 1749 SCOTT BLVD TEMPLE, TX 76504 Date or dates debt was incurred 11/6/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$220.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.230	Nonpriority creditor's name and mailing address HITACHI CAPITAL AMERICA CORP DBA CUBEX FINANCIAL SERVICES C/O WINTHROP & WEINSTINE ATTN: MATTHEW MCBRIDE 3500 CAPELLA TOWER 225 S SIXTH ST MINNEAPOLIS, MN 55402 Date or dates debt was incurred 2015, 2016 & 2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,000,000.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.231	Nonpriority creditor's name and mailing address HOLLY NICLE TUNSTALL ADDRESS REDACTED Date or dates debt was incurred 2/28/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$101.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.232	Nonpriority creditor's name and mailing address HOMEWOOD SUITES BROWNSVILLE - 3759 NORTH EXPRESSWAY BROWNSVILLE, TX 78520 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$9,457.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.233	Nonpriority creditor's name and mailing address HOMEWOOD SUITES- BROWNVILLE 10024 BLUEWATER TER IRVING, TX 75063 Date or dates debt was incurred 10/19/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$119.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.234	Nonpriority creditor's name and mailing address HOPE BURCHFIELD ADDRESS REDACTED Date or dates debt was incurred 11/15/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,074.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.235	Nonpriority creditor's name and mailing address HYATT HOUSE DALLAS/LINCOLN PAR 8221 NORTH CENTRAL EXPRESSWAY DALLAS, TX 75225 Date or dates debt was incurred 9/26/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$274.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.236	Nonpriority creditor's name and mailing address HYMARK SOLUTIONS INC. 2609 RIVER ROAD YAKIMA, WA 98902 Date or dates debt was incurred 11/2/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$8,875.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.237 Nonpriority creditor's name and mailing addressIDEAL MARKETING GROUP
P.O. BOX 141416
IRVING, TX 75014

As of the petition filing date, the claim is:

\$260.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

9/21/2016

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.238 Nonpriority creditor's name and mailing addressIM HOSPITALISTS-RAVI B. PATEL
5335 MONTROSE DRIVE
DALLAS, TX 75209

As of the petition filing date, the claim is:

\$2,000.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

SERVICES

Date or dates debt was incurred

1/12/2018

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.239 Nonpriority creditor's name and mailing addressINPATIENT CONSULTANTS OF TEXAS
VIJAYA KAVIKONDALA MD
P.O. BOX 92284
LOS ANGELES, CA 90009

As of the petition filing date, the claim is:

\$19,500.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

SERVICES

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.240 Nonpriority creditor's name and mailing addressINSERVIO3
13915 N MOPAC EXPY SUITE 210
AUSTIN, TX 78728

As of the petition filing date, the claim is:

\$539.12

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.241	Nonpriority creditor's name and mailing address INTERNET PAYMENT EXCHANGE, IN 1946 N. 13TH STREET STE. 348 TOLEDO, OH 43604 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$275.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.242	Nonpriority creditor's name and mailing address J S FREDERICKSBURG REALTY LP 3232 MCCINNEY AVE STE 890 DALLAS, TX 75204 Date or dates debt was incurred 11/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$92,920.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.243	Nonpriority creditor's name and mailing address JACQUELINE COOK ADDRESS REDACTED Date or dates debt was incurred 6/1/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$140.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.244	Nonpriority creditor's name and mailing address JAMES ALFORD ADDRESS REDACTED Date or dates debt was incurred 5/10/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$305.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.245 Nonpriority creditor's name and mailing address**JAMES LEE
ADDRESS REDACTED**As of the petition filing date, the claim is:****\$652.61**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

5/9/2016

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.246 Nonpriority creditor's name and mailing addressJANICE NCWILLIAMS
ADDRESS REDACTED**As of the petition filing date, the claim is:****\$22.59**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

10/29/2017

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.247 Nonpriority creditor's name and mailing addressJASON STALLWORTH
ADDRESS REDACTED**As of the petition filing date, the claim is:****\$12.41**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

7/25/2017

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.248 Nonpriority creditor's name and mailing addressJAYLON FANE
ADDRESS REDACTED**As of the petition filing date, the claim is:****\$23.29**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.249	Nonpriority creditor's name and mailing address JENNIFER VALDEZ 1403 BIRCHWOOD PASADENA, TX 77502 Date or dates debt was incurred 9/9/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$18.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.250	Nonpriority creditor's name and mailing address JENNIFER WOMACK ADDRESS REDACTED Date or dates debt was incurred 4/6/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$12.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.251	Nonpriority creditor's name and mailing address JEREMY TUNSTALL ADDRESS REDACTED Date or dates debt was incurred 11/2/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$8.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.252	Nonpriority creditor's name and mailing address JEROME LEE SANG MD , PA Date or dates debt was incurred 8/2/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.253	Nonpriority creditor's name and mailing address JILL M JESSUP ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$101.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.254	Nonpriority creditor's name and mailing address JILL PAYNE ADDRESS REDACTED Date or dates debt was incurred 4/21/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$85.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.255	Nonpriority creditor's name and mailing address JILL SAUNDERS ADDRESS REDACTED Date or dates debt was incurred 7/31/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$64.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.256	Nonpriority creditor's name and mailing address JODI HAMILTON ADDRESS REDACTED Date or dates debt was incurred 5/26/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$381.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.257	Nonpriority creditor's name and mailing address JOE MILLS ADDRESS REDACTED Date or dates debt was incurred 12/28/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$6.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.258	Nonpriority creditor's name and mailing address JOHN HELLER 2 PARK PLAZA IRVINE, CA 92614 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$45,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DIVIDENDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.259	Nonpriority creditor's name and mailing address JOHN LACLAIRE ADDRESS REDACTED Date or dates debt was incurred 5/11/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$6.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.260	Nonpriority creditor's name and mailing address JONATHAN ALVARADO ADDRESS REDACTED Date or dates debt was incurred 5/24/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$132.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.261	Nonpriority creditor's name and mailing address JONATHAN E MESA ADDRESS REDACTED	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE	\$15.00
	Date or dates debt was incurred 2/1/2018 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.262	Nonpriority creditor's name and mailing address JORDAN HALL ADDRESS REDACTED	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE	\$23.22
	Date or dates debt was incurred 1/17/2017 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.263	Nonpriority creditor's name and mailing address JORGE BECERRA ADDRESS REDACTED	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE	\$68.05
	Date or dates debt was incurred 5/25/2016 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.264	Nonpriority creditor's name and mailing address JOSE GARCIA ADDRESS REDACTED	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE	\$68.57
	Date or dates debt was incurred 9/15/2016 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.265	Nonpriority creditor's name and mailing address JOSEPH WARD C/O CHARLES BRANHAM III 302N MARKET ST, STE 300 DALLAS, TX 75202 Date or dates debt was incurred UNKNOWN Last 4 digits of account number 5:17-cv-00422-FB-HJB	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION CASE NO. 5:17-CV-00422-FB-HJB Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.266	Nonpriority creditor's name and mailing address JOSHUA LAWRENCE ADDRESS REDACTED Date or dates debt was incurred 11/26/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$126.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.267	Nonpriority creditor's name and mailing address JOY HEARD ADDRESS REDACTED Date or dates debt was incurred 1/31/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$13.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.268	Nonpriority creditor's name and mailing address JUANITA MCCARTY ADDRESS REDACTED Date or dates debt was incurred 10/10/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$404.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.269	Nonpriority creditor's name and mailing address JULIA LANIER ADDRESS REDACTED Date or dates debt was incurred 10/30/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$2,083.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.270	Nonpriority creditor's name and mailing address JULIE EDDLEMON ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$267.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.271	Nonpriority creditor's name and mailing address JULIO ROMERO ADDRESS REDACTED Date or dates debt was incurred 12/22/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$12.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.272	Nonpriority creditor's name and mailing address JUSTIN EASTEPP ADDRESS REDACTED Date or dates debt was incurred 10/30/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$600.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.273	Nonpriority creditor's name and mailing address JUSTIN VANLEEUEWEN ADDRESS REDACTED Date or dates debt was incurred 10/16/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$14.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.274	Nonpriority creditor's name and mailing address KABIRU SONEKAN ADDRESS REDACTED Date or dates debt was incurred 4/18/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,605.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.275	Nonpriority creditor's name and mailing address KARI BEARDEN ADDRESS REDACTED Date or dates debt was incurred 11/19/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$29.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.276	Nonpriority creditor's name and mailing address KATHRYN SMITH ADDRESS REDACTED Date or dates debt was incurred 5/5/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$21.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.277	Nonpriority creditor's name and mailing address KATHRYN YODER ADDRESS REDACTED Date or dates debt was incurred 2/27/2017 Last 4 digits of account number	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$358.13
3.278	Nonpriority creditor's name and mailing address KATIA STONER ADDRESS REDACTED Date or dates debt was incurred 9/1/2015 Last 4 digits of account number	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.20
3.279	Nonpriority creditor's name and mailing address KATRESE SIMS ADDRESS REDACTED Date or dates debt was incurred 6/15/2013 Last 4 digits of account number	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.10
3.280	Nonpriority creditor's name and mailing address KATTIE HAWKINS ADDRESS REDACTED Date or dates debt was incurred 2/2/2017 Last 4 digits of account number	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.44

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.281	Nonpriority creditor's name and mailing address KAVIN BIZZELL ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$130.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.282	Nonpriority creditor's name and mailing address KEAGAN BRADLEY ADDRESS REDACTED Date or dates debt was incurred 3/31/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$168.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.283	Nonpriority creditor's name and mailing address KELCIE GRIGGS ADDRESS REDACTED Date or dates debt was incurred 8/15/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$10.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.284	Nonpriority creditor's name and mailing address KELLI MARX ADDRESS REDACTED Date or dates debt was incurred 10/12/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$442.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.285	Nonpriority creditor's name and mailing address KENA SUMMERVILLE ADDRESS REDACTED Date or dates debt was incurred 10/17/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$19.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.286	Nonpriority creditor's name and mailing address KENDRA GREEN DIAS 3928 BENT ELM WAY FORT WORTH, TX 76109 Date or dates debt was incurred 9/24/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$770.37 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT REFUNDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.287	Nonpriority creditor's name and mailing address KENNA HOWARD ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$726.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.288	Nonpriority creditor's name and mailing address KIM NGUYEN ADDRESS REDACTED Date or dates debt was incurred 7/6/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$66.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.289	Nonpriority creditor's name and mailing address KIMBERLY LANE HOLDER ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,934.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.290	Nonpriority creditor's name and mailing address KIRBO'S OFFICE SYSTEMS P.O. BOX 2249 BROWNWOOD, TX Date or dates debt was incurred 11/9/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$204.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EQUIPMENT RENTAL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.291	Nonpriority creditor's name and mailing address KIRK LYNCH ADDRESS REDACTED Date or dates debt was incurred 11/29/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$4.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.292	Nonpriority creditor's name and mailing address KIRKLAND & ELLIS LLP 300 NORTH LASALLE CHICAGO, IL 60654 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$4,417.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.293	Nonpriority creditor's name and mailing address KRISTINE L CARCAREY ADDRESS REDACTED Date or dates debt was incurred 8/30/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$87.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.294	Nonpriority creditor's name and mailing address KRISTOPHER OLVERA ADDRESS REDACTED Date or dates debt was incurred 6/14/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$9.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.295	Nonpriority creditor's name and mailing address KUTAK ROCK LLP 1650 FARNAM STREET OMAHA, NE 68102 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$522.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.296	Nonpriority creditor's name and mailing address L. CHERI' THOMAS ADDRESS REDACTED Date or dates debt was incurred 1/19/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$45.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.297	Nonpriority creditor's name and mailing address LA QUINTA CORPUS CHRISTI #0995 10446 IH 37 NUMB CORPUS CHRISTI, TX 78410	As of the petition filing date, the claim is: \$500.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Various Last 4 digits of account number	

3.298	Nonpriority creditor's name and mailing address LA QUINTA INN #0512 4440 N. CENTRAL EXPRESSWAY DALLAS, TX 75206	As of the petition filing date, the claim is: \$509.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Various Last 4 digits of account number	

3.299	Nonpriority creditor's name and mailing address LA QUINTA INN #6643 8250 ANDESON BLVD FORT WORTH, TX 76120	As of the petition filing date, the claim is: \$102.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred 11/2/2018 Last 4 digits of account number	

3.300	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES (PEARLA) AARAYAM L.L.C. 9002 BROADWAY STREET PEARLAND, TX 77584	As of the petition filing date, the claim is: \$93.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred 10/27/2018 Last 4 digits of account number	

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.301	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES - 0953 2912 HWY. 75 NORTH SHERMAN, TX 75090 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,150.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.302	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES - BROWN 103 MARKET PLACE BLVD. BROWNWOOD, TX 76801 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$674.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.303	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES - FREDE 1465 EAST MAIN STREET FREDERICKSBURG, TX 78624 Date or dates debt was incurred 10/19/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$230.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.304	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES - SHREV 6700 FINANACIAL CIRCLE SHREVEPORT, LA 71129 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$360.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.305	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES - WACO 6003 WOODWAY DRIVE WOODWAY, TX 76712 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,395.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.306	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES -ROUND Date or dates debt was incurred 11/16/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$159.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.307	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES AUSTIN 7625 E BEN WHITE BOULEVARD AUSTIN, TX 78741 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$914.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.308	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES BURLESO OM SHREE KRISHNA SHRADDHA LLC 225 EAST ALSBURY BOULEVARD BURLESON, TX 76028 Date or dates debt was incurred 10/17/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$117.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.309 Nonpriority creditor's name and mailing addressLA QUINTA INN & SUITES BY AT&T
3852 TAVERN OAKS
SAN ANTONIO, TX 78247

As of the petition filing date, the claim is:

\$122.59

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

11/28/2017

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.310 Nonpriority creditor's name and mailing addressLA QUINTA INN & SUITES CONF. C
GARY WALLS
4431 HORIZON HILL BLVD
SAN ANTONIO, TX 78229

As of the petition filing date, the claim is:

\$499.51

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.311 Nonpriority creditor's name and mailing addressLA QUINTA INN & SUITES CORPUS
PORTLAND DEVELOPMENT INC/PORTLAND DELAWARE SPE, LLC
201 BUDDY GANEM DRIVE
PORTLAND, TX 78374

As of the petition filing date, the claim is:

\$426.58

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.312 Nonpriority creditor's name and mailing addressLA QUINTA INN & SUITES DALLAS
13175 N CENTRAL EXP
DALLAS, TX 75243

As of the petition filing date, the claim is:

\$100.57

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

11/12/2018

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.313	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES LUBBOCK 5006 AUBURN STREET LUBBOCK, TX 79416 Date or dates debt was incurred 11/21/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$142.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.314	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES MCALLEN 801 S. WARE RD MCALLEN, TX 78501 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,590.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.315	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES MISSION 805 TRAVIS STREET MISSION, TX 78572 Date or dates debt was incurred 11/15/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$85.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.316	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES PASADEN 3490 E SAM HOUSTON PKWY SOUTH PASADENA, TX 77505 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$897.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.317 Nonpriority creditor's name and mailing addressLA QUINTA INN & SUITES PLANO #
6624 COMMUNICATIONS PARKWAY
PLANO, TX 75024**Date or dates debt was incurred**

11/23/2018

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$382.43

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.318 Nonpriority creditor's name and mailing addressLA QUINTA INN & SUITES ROCKWAL
689 E- 30
ROCKWALL, TX 75087**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$805.39

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.319 Nonpriority creditor's name and mailing addressLA QUINTA INN & SUITES SAN ANT
100 W CESAR E CHAVEZ BLVD
SAN ANTONIO, TX 78204**Date or dates debt was incurred**

8/9/2018

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$394.05

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.320 Nonpriority creditor's name and mailing addressLA QUINTA INN & SUITES STEPHEN
105 CHRISTY PLAZA
STEPHENVILLE, TX 76401**Date or dates debt was incurred**

11/1/2018

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$120.91

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.321	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES SW-MOPA 4424 SOUTH MOPAC AUSTIN, TX 78735 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$10,782.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.322	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES WEBSTER 520 W BAY AREA BLVD WEBSTER, TX 77598 Date or dates debt was incurred 11/6/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$92.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.323	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES- CORSIC 2020 REGAL DR CORSICANA, TX 75109 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,008.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.324	Nonpriority creditor's name and mailing address LA QUINTA INN & SUITES-BROWNSV 5051 N. EXPRESSWAY BROWNSVILLE, TX 78520 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$693.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.325 Nonpriority creditor's name and mailing addressLA QUINTA INN & SUITES-DENTON
4465 NORTH I-35
DENTON, TX 76207**Date or dates debt was incurred**

11/27/2018

Last 4 digits of account number**As of the petition filing date, the claim is:****\$362.08**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.326 Nonpriority creditor's name and mailing addressLA QUINTA INN AND SUITES #6123
2220 HWY. 62 SOUTH
ORANGE, TX 77630**Date or dates debt was incurred**

10/9/2018

Last 4 digits of account number**As of the petition filing date, the claim is:****\$112.83**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.327 Nonpriority creditor's name and mailing addressLA QUINTA INN AND SUITES - PAR
3205 NE LOOP 286
PARIS, TX 75460**Date or dates debt was incurred**

10/31/2018

Last 4 digits of account number**As of the petition filing date, the claim is:****\$317.34**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.328 Nonpriority creditor's name and mailing addressLA QUINTA INNS & SUITES
11901 N MOPAC
AUSTIN, TX 78759**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:****\$329.60**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.329	Nonpriority creditor's name and mailing address LA QUINTA INNS & SUITES - CORP Date or dates debt was incurred 11/20/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$112.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.330	Nonpriority creditor's name and mailing address LA QUINTA INNS & SUITES AUSTIN INN 6338 10701 LAKELINE MALL DR AUSTIN, TX 78717 Date or dates debt was incurred 5/25/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$125.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.331	Nonpriority creditor's name and mailing address LA QUINTA INNS & SUITES GARLAN DALLAS GARLAND 12721 I-635 (LBJ FRWY) GARLAND, TX 75041 Date or dates debt was incurred 7/18/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$111.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.332	Nonpriority creditor's name and mailing address LA QUINTA INNS & SUITES SAN AN 850 HALM BLVD SAN ANTONIO, TX 78216 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$383.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.333 Nonpriority creditor's name and mailing addressLA QUINTA INNS & SUITES WAXAHA
311 STADIUM DR
WAXAHACHIE, TX 75165**Date or dates debt was incurred**

11/16/2018

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$145.45

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.334 Nonpriority creditor's name and mailing addressLA QUINTA WEATHERFORD
RELIANSE FORD LLC
1915 WALL ST
WEATHERFORD, TX 76086**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$317.32

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.335 Nonpriority creditor's name and mailing address

LAQUINTA INNS & SUITES- BEAUMO

Date or dates debt was incurred

11/16/2018

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$465.80

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.336 Nonpriority creditor's name and mailing addressLAURA WILTGEN
ADDRESS REDACTED**Date or dates debt was incurred**

1/21/2016

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$53.12

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.337	Nonpriority creditor's name and mailing address LAUREN SMITH ADDRESS REDACTED Date or dates debt was incurred 4/24/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$543.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.338	Nonpriority creditor's name and mailing address LAW OFFICE OF LEO C. SALZMAN P.O. BOX 2587 HARLINGEN, TX 78551-2587 Date or dates debt was incurred 2/10/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$550.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.339	Nonpriority creditor's name and mailing address LAZ PARKING 1310 ELM STREET STE. 110 DALLAS, TX 75202 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$31,804.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.340	Nonpriority creditor's name and mailing address LDH,OPH P.O. BOX 4489 BATON ROUGE, LA 70821-4489 Date or dates debt was incurred 8/3/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,155.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.341	Nonpriority creditor's name and mailing address LEGINA SCHOOLER ADDRESS REDACTED Date or dates debt was incurred 11/19/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$104.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.342	Nonpriority creditor's name and mailing address LEMONS PUBLICATIONS INC. P.O. BOX 250 SANGER, TX 76266-0250 Date or dates debt was incurred 8/1/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$450.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.343	Nonpriority creditor's name and mailing address LESLIE DRAPER ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$177.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.344	Nonpriority creditor's name and mailing address LEVEL (3) COMMUNICATIONS LLC DEPARTMENT 182 DENVER, CO 80291-0182 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$3,860.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.345	Nonpriority creditor's name and mailing address LEWIS BRISBOIS BISGAARD & SMIT 633 W. FIFTH STREET STE. 4000 LOS ANGELES, CA 90071 Date or dates debt was incurred 8/18/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$405.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.346	Nonpriority creditor's name and mailing address LEZLIE MICHAEL ADDRESS REDACTED Date or dates debt was incurred 11/27/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$136.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.347	Nonpriority creditor's name and mailing address LILIAM MIDENCE ADDRESS REDACTED Date or dates debt was incurred 8/29/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$45.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.348	Nonpriority creditor's name and mailing address LINDA BARNETT ADDRESS REDACTED Date or dates debt was incurred 4/16/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$75.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.349	Nonpriority creditor's name and mailing address LINDA SMITH ADDRESS REDACTED Date or dates debt was incurred 10/16/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$45.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.350	Nonpriority creditor's name and mailing address LISA F. ROBINSON ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$337.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.351	Nonpriority creditor's name and mailing address LISA ROBINSON ADDRESS REDACTED Date or dates debt was incurred 11/30/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$255.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.352	Nonpriority creditor's name and mailing address LITTLER MENDELSON, PC P.O. BOX 45547 SAN FRANCISCO, CA 94145-0547 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$4,566.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.353	Nonpriority creditor's name and mailing address LLOY POPE ADDRESS REDACTED Date or dates debt was incurred 3/30/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$97.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.354	Nonpriority creditor's name and mailing address LOGITRAC INC 19200 VON KARMAN AVENUE, SUITE 600 IRVINE, CA 92612 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$920.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.355	Nonpriority creditor's name and mailing address LONGHORN TROPHIES, INC. 4912 BURNET RD. AUSTIN, TX 78756 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$140.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.356	Nonpriority creditor's name and mailing address LOOPBACK ANALYTICS LOOPBACK LLC 14900 LANDMARK BLVD SUITE 240 DALLAS, TX 75254 Date or dates debt was incurred 11/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$4,330.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.357	Nonpriority creditor's name and mailing address LOREE SCHLENTZ ADDRESS REDACTED Date or dates debt was incurred 10/26/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$38.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.358	Nonpriority creditor's name and mailing address LORRETTA HARDY C/O HOWARD & KOBELAN 100 CONGRESS, STE 1720 AUSTIN, TX 78701 Date or dates debt was incurred UNKNOWN Last 4 digits of account number NO. 1:18-cv-00739	As of the petition filing date, the claim is: UNKNOWN <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION CAUSE NO. 1:18-CV-00739 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.359	Nonpriority creditor's name and mailing address LOUISIANA PHS LLC 1509 DULLES DR. LAFAYETTE, LA 70506 Date or dates debt was incurred 9/30/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.360	Nonpriority creditor's name and mailing address LOWES COMMERCIAL SERVICES P.O. BOX 530954 ATLANTA, GA 30353-0954 Date or dates debt was incurred 12/12/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$50,864.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.361	Nonpriority creditor's name and mailing address LPA PAINTING INC 1704 MORNING MEADOWS COVE ROUND ROCK, TX 78664 Date or dates debt was incurred 3/21/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$5,450.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.362	Nonpriority creditor's name and mailing address LYNNE S. KATZMANN 14 GREENVIEW WAY MONTCLAIR, NJ 07043 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$15,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DIVIDENDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.363	Nonpriority creditor's name and mailing address MABEL CASANOVA ADDRESS REDACTED Date or dates debt was incurred 11/16/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$186.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.364	Nonpriority creditor's name and mailing address MADELYN LANGDON ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$187.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.365	Nonpriority creditor's name and mailing address MAFE WOZNAK ADDRESS REDACTED Date or dates debt was incurred 7/17/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$627.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.366	Nonpriority creditor's name and mailing address MAGELLAN BEHAVIORAL HEALTH, IN P.O. BOX 785341 PHILADELPHIA, PA 19178-5341 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$79,660.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.367	Nonpriority creditor's name and mailing address MAGGIE LOEPPKY ADDRESS REDACTED Date or dates debt was incurred 6/9/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$244.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.368	Nonpriority creditor's name and mailing address MAILFINANCE 478 WHEELERS FARMS RD MILFORD, CT 06461 Date or dates debt was incurred 8/13/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$4,771.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.369	Nonpriority creditor's name and mailing address MANAGED HEALTH CARE ASSOCIATES NET-RX DIVISION 25-A VREELAND RD STE 200 P.O. BOX 789 FLORHAM PARK, NJ 07932-089 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$2,490.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.370	Nonpriority creditor's name and mailing address MANAGEMENT AND NETWORK SERVICE ATTN TAMRA FRALEY 4892 BLAZER PKWY DUBLIN, OH 43017 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$7,563.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.371	Nonpriority creditor's name and mailing address MARGARITA HERNANDEZ ADDRESS REDACTED Date or dates debt was incurred 11/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$158.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.372	Nonpriority creditor's name and mailing address MARGIE RHODES ADDRESS REDACTED Date or dates debt was incurred 9/21/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$27.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.373 Nonpriority creditor's name and mailing addressMARIA LUNA - 168
ADDRESS REDACTED**Date or dates debt was incurred**

10/29/2015

Last 4 digits of account number**As of the petition filing date, the claim is:****\$9.73**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.374 Nonpriority creditor's name and mailing addressMARIA PALACIOS
ADDRESS REDACTED**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:****\$758.19**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.375 Nonpriority creditor's name and mailing addressMARISA WADE
ADDRESS REDACTED**Date or dates debt was incurred**

11/12/2018

Last 4 digits of account number**As of the petition filing date, the claim is:****\$54.10**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.376 Nonpriority creditor's name and mailing addressMARK ERIC GIBBS, MD
MCLEROY GIBBS & KLEIN MEDICAL CLINIC
1625 N. GRAND AVENUE
GAINESVILLE, TX 76240-2343**Date or dates debt was incurred**

3/2/2017

Last 4 digits of account number**As of the petition filing date, the claim is:****\$2,500.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

SERVICES

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.377	Nonpriority creditor's name and mailing address MARK WALTERS ADDRESS REDACTED Date or dates debt was incurred 9/15/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$491.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.378	Nonpriority creditor's name and mailing address MARSHA PARCHMAN ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$308.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.379	Nonpriority creditor's name and mailing address MARTHA RICHARDSON ADDRESS REDACTED Date or dates debt was incurred 11/14/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$340.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.380	Nonpriority creditor's name and mailing address MARTHA SANCHEZ ADDRESS REDACTED Date or dates debt was incurred 10/30/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$159.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.381	Nonpriority creditor's name and mailing address MARVENA MINER ADDRESS REDACTED Date or dates debt was incurred 10/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$607.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.382	Nonpriority creditor's name and mailing address MARY E TAYLOR ADDRESS REDACTED Date or dates debt was incurred 12/1/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$54.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.383	Nonpriority creditor's name and mailing address MARY MCCUMBER-BELL ADDRESS REDACTED Date or dates debt was incurred 11/14/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$62.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.384	Nonpriority creditor's name and mailing address MARY MESSICK ADDRESS REDACTED Date or dates debt was incurred 12/27/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$6.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.385 Nonpriority creditor's name and mailing addressMARY WILLIAMS
ADDRESS REDACTED

As of the petition filing date, the claim is:

\$11.95

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

6/30/2016

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.386 Nonpriority creditor's name and mailing addressMATTHEW CARROL PARKER ,MD
279 BOULDER LANE
NACOGDOCHES, TX 75965

As of the petition filing date, the claim is:

\$2,500.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

SERVICES

Date or dates debt was incurred

11/25/2016

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.387 Nonpriority creditor's name and mailing addressMED-PASS INC
L-3495
COLUMBUS, OH 43260-0001

As of the petition filing date, the claim is:

\$570.91

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.388 Nonpriority creditor's name and mailing addressMEDICATION THERAPY SOLUTIONS,
12650 GROVE WEST
WILLIS, TX 77378

As of the petition filing date, the claim is:

\$391.91

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.389	Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES INC DEPT 1080 P.O. BOX 121080 DALLAS, TX 75312-1080 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$181.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.390	Nonpriority creditor's name and mailing address MEDSPRING - DALLAS P.O. BOX 843115 DALLAS, TX 75284 Date or dates debt was incurred 2/10/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$492.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.391	Nonpriority creditor's name and mailing address MEDSPRING OF TEXAS, PA P.O. BOX 162323 AUSTIN, TX 78716-0247 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,664.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.392	Nonpriority creditor's name and mailing address MEGAN A HARVEY ADDRESS REDACTED Date or dates debt was incurred 6/30/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$8.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.393	Nonpriority creditor's name and mailing address MEHAFFY WEBER P.O. BOX 16 BEAUMONT, TX 77704-0016 Date or dates debt was incurred 11/30/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$71.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.394	Nonpriority creditor's name and mailing address MELANI K MANNING ADDRESS REDACTED Date or dates debt was incurred 3/20/2014 Last 4 digits of account number	As of the petition filing date, the claim is: \$243.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.395	Nonpriority creditor's name and mailing address MELISSA CARTER ADDRESS REDACTED Date or dates debt was incurred 3/19/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$9.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.396	Nonpriority creditor's name and mailing address MERCIA RYوبا ADDRESS REDACTED Date or dates debt was incurred 5/19/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$9.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.397	Nonpriority creditor's name and mailing address METROPOLITAN TELECOMMUNICATION 55 WATER STREET NEW YORK, NY 10041 Date or dates debt was incurred 12/12/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$56,713.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.398	Nonpriority creditor's name and mailing address MICHAEL EMERY 15408 IVEANS WAY AUSTIN, TX 78717 Date or dates debt was incurred 7/31/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$200.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT REFUNDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.399	Nonpriority creditor's name and mailing address MICHAEL MARTINEZ ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$82.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.400	Nonpriority creditor's name and mailing address MICHAEL YOUNG ADDRESS REDACTED Date or dates debt was incurred 3/21/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$4.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.401	Nonpriority creditor's name and mailing address MICHAELA ISON ADDRESS REDACTED Date or dates debt was incurred 1/23/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$80.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.402	Nonpriority creditor's name and mailing address MICHELLE WIGGINS ADDRESS REDACTED Date or dates debt was incurred 6/21/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$311.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.403	Nonpriority creditor's name and mailing address MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052-6399 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$5,387.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.404	Nonpriority creditor's name and mailing address MIKELANNE SAENZ ADDRESS REDACTED Date or dates debt was incurred 9/10/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$200.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.405	Nonpriority creditor's name and mailing address MILDRED HILL ADDRESS REDACTED Date or dates debt was incurred 9/9/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$10.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.406	Nonpriority creditor's name and mailing address MILLICENT TEMPLIN ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$195.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.407	Nonpriority creditor's name and mailing address MIREX AQUAPURE SOLUTIONS & MATERA PAPER Date or dates debt was incurred 2014-2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$31,444.18 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE COLLECTION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.408	Nonpriority creditor's name and mailing address MIRIAN COLLINS ADDRESS REDACTED Date or dates debt was incurred 3/24/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$92.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.409	Nonpriority creditor's name and mailing address MISTI LEWIS ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$31.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.410	Nonpriority creditor's name and mailing address MOVI HEALTHCARE LLC 1071 MORRISON DRIVE STE C CHARLESTON, SC 29403 Date or dates debt was incurred 8/29/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$14,625.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.411	Nonpriority creditor's name and mailing address MUNICIPAL SERVICES BUREAU CTRMA PROCESSING P.O. BOX 16777 AUSTIN, TX 78761-6777 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$33.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.412	Nonpriority creditor's name and mailing address MUSCULOSKELETAL INSTITUTE OF L 1534 ELIZABETH AVE STE. 201 SHREVEPORT, LA 71101 Date or dates debt was incurred 3/6/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$68.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROVIDERS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.413	Nonpriority creditor's name and mailing address NANCY FLOWERS ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$219.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.414	Nonpriority creditor's name and mailing address NANCY SPANIOLA 15112 MANDARIN CROSSING PFLUGERVILLE, TX 78660 Date or dates debt was incurred 1/11/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$32.80 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT REFUNDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.415	Nonpriority creditor's name and mailing address NATASHA HATHAWAY ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$660.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.416	Nonpriority creditor's name and mailing address NATIONAL DATACARE CORPORATION P.O. BOX 222430 CHANTILLY, VA 20153-2430 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$3,398.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.417 Nonpriority creditor's name and mailing address

NATIONAL RECORDS CENTERS, INC.
13601 PRESTON ROAD
STE. W545
DALLAS, TX 75240

Date or dates debt was incurred

9/30/2018

Last 4 digits of account number**As of the petition filing date, the claim is:****\$524.69**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.418 Nonpriority creditor's name and mailing address

NAVEX GLOBAL, INC.
6000 MEADOWS ROAD
STE. 200
LAKE OSWEGO, OR 97035

Date or dates debt was incurred

Various

Last 4 digits of account number**As of the petition filing date, the claim is:****\$703.56**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.419 Nonpriority creditor's name and mailing address

NEOFUNDS BY NEOPOST
P.O. BOX 30193
TAMPA, FL 33630-3193

Date or dates debt was incurred

11/30/2018

Last 4 digits of account number**As of the petition filing date, the claim is:****\$5,000.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.420 Nonpriority creditor's name and mailing address

NETSMART TECHNOLOGIES
4950 COLLEGE BOULEVARD
OVERLAND PARK, KS 66211

Date or dates debt was incurred

Various

Last 4 digits of account number**As of the petition filing date, the claim is:****\$56,498.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.421	Nonpriority creditor's name and mailing address NEW LIFESTYLES, INC. 4144 N CENTRAL EXPY STE 1000 DALLAS, TX 75204 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$4,333.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.422	Nonpriority creditor's name and mailing address NEXTLINK 2132 TIN TOP RD. STE. 200 WEATHERFORD, TX 76086 Date or dates debt was incurred 12/14/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$638.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.423	Nonpriority creditor's name and mailing address NEXTRAQ P.O. BOX 538566 ATLANTA, GA 30353-8566 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$2,226.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.424	Nonpriority creditor's name and mailing address NORTHLAND COMMUNICATIONS P.O. BOX 70 STEPHENVILLE, TX 76401-0001 Date or dates debt was incurred 11/19/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$494.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.425	Nonpriority creditor's name and mailing address NOVA 401K ASSOCIATIES 10777 NORTHWEST FREEWAY SUITE 440 HOUSTON, TX 77092 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$6,774.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.426	Nonpriority creditor's name and mailing address NUECES COUNTY RECORD STAR P.O. BOX 1610 ALICE, TX 78333 Date or dates debt was incurred 9/25/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$31.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.427	Nonpriority creditor's name and mailing address NUMOTION MOBILITY 1221 PROFIT DRIVE DALLAS, TX 75247 Date or dates debt was incurred 11/16/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$7,096.24 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT REFUNDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.428	Nonpriority creditor's name and mailing address OCCUPATIONAL HEALTH CENTERS OF 1818 E SKY HARBOR CIR N #150 PHOENIX, AZ 85034-3407 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$488.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.429	Nonpriority creditor's name and mailing address OCCUPATIONAL HEALTH CENTERS OF P.O. BOX 9005 ADDISON, TX 75001-9005	As of the petition filing date, the claim is: \$1,806.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Various Last 4 digits of account number	

3.430	Nonpriority creditor's name and mailing address OCCUPATIONAL HEALTH CENTERS OF P.O. BOX 369 LOMBARD, IL 60148-0369	As of the petition filing date, the claim is: \$123.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Various Last 4 digits of account number	

3.431	Nonpriority creditor's name and mailing address OGLETREE DEAKINS P.O. BOX 89 COLUMBIA, SC 29202	As of the petition filing date, the claim is: \$96,631.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Various Last 4 digits of account number	

3.432	Nonpriority creditor's name and mailing address OMNICARE, INC. 14450 TRINITY BLVD, STE 200 FORT WORTH, TX 76155	As of the petition filing date, the claim is: \$9,113,881.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Various Last 4 digits of account number	

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.433	Nonpriority creditor's name and mailing address ON HOLD GOLD MARKETING P.O. BOX 1593 MT PLEASANT, TX 75456-1593 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$216.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.434	Nonpriority creditor's name and mailing address OSCAR GUTIERREZ ADDRESS REDACTED Date or dates debt was incurred 11/1/2015 Last 4 digits of account number	As of the petition filing date, the claim is: \$35.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.435	Nonpriority creditor's name and mailing address PAMELA GADISON ADDRESS REDACTED Date or dates debt was incurred 9/30/2014 Last 4 digits of account number	As of the petition filing date, the claim is: \$116.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.436	Nonpriority creditor's name and mailing address PAPERMASTER, INC 1152 GRIMMETT DRIVE SHREVEPORT, LA 71107 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$120.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.437 Nonpriority creditor's name and mailing addressPARACORP INC DBA PARASEC
P.O. BOX 160568
SACRAMENTO, CA 95816-0568

As of the petition filing date, the claim is:

\$140.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.438 Nonpriority creditor's name and mailing addressPARIS LUMBER AND BUILDING CTR
3555 N.E. LOOP 286
PARIS, TX 75460

As of the petition filing date, the claim is:

\$207.36

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.439 Nonpriority creditor's name and mailing addressPATRICIA BASAVE
ADDRESS REDACTED

As of the petition filing date, the claim is:

\$29.83

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

7/25/2015

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.440 Nonpriority creditor's name and mailing addressPATRICIA SHELTON
ADDRESS REDACTED

As of the petition filing date, the claim is:

\$213.63

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

10/1/2018

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.441	Nonpriority creditor's name and mailing address PATRICIA STETAR ADDRESS REDACTED Date or dates debt was incurred 11/15/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$54.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.442	Nonpriority creditor's name and mailing address PATRICIA V. SUGGS ADDRESS REDACTED Date or dates debt was incurred 6/17/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$12.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.443	Nonpriority creditor's name and mailing address PATRICK DRIGGERS ADDRESS REDACTED Date or dates debt was incurred 12/4/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$104.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.444	Nonpriority creditor's name and mailing address PATSY GONZALEZ ADDRESS REDACTED Date or dates debt was incurred 9/20/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$20.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.445 Nonpriority creditor's name and mailing addressPATSY WIELAND
P.O. BOX 836
PFLUGERVILLE, TX 78691**Date or dates debt was incurred**

6/27/2018

Last 4 digits of account number**As of the petition filing date, the claim is:****\$990.00**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PATIENT REFUNDS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.446 Nonpriority creditor's name and mailing addressPAULA DUNCAN
ADDRESS REDACTED**Date or dates debt was incurred**

9/28/2018

Last 4 digits of account number**As of the petition filing date, the claim is:****\$18.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.447 Nonpriority creditor's name and mailing addressPAULA FAIR
ADDRESS REDACTED**Date or dates debt was incurred**

7/26/2018

Last 4 digits of account number**As of the petition filing date, the claim is:****\$211.62**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.448 Nonpriority creditor's name and mailing addressPAYDEN BARRICK
ADDRESS REDACTED**Date or dates debt was incurred**

6/30/2017

Last 4 digits of account number**As of the petition filing date, the claim is:****\$17.09**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.449 Nonpriority creditor's name and mailing addressPAYTECH INC
7979 E TUFTS AVE STE 1000
DENVER, CO 80237**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:****\$45,900.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.450 Nonpriority creditor's name and mailing addressPC CONNECTION SALES - CONNECTI
730 MILFORD RD
MERRIMACK, NH 03054**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:****\$130,583.12**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.451 Nonpriority creditor's name and mailing addressPDQ.COM
P.O. BOX 1229
SALT LAKE CITY, UT 84110-1229**Date or dates debt was incurred**

9/17/2018

Last 4 digits of account number**As of the petition filing date, the claim is:****\$500.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.452 Nonpriority creditor's name and mailing addressPEDERNALES ELECTRIC
COOPERATIVE INC.
P.O. BOX 1
JOHNSON CITY TX,**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:****\$29,942.85**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UTILITIES

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.453	Nonpriority creditor's name and mailing address PENNINGTON HILL, L.L.P. 566 N. KIMBALL AVENUE SUITE 130 SOUTHLAKE, TX 76092 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$10,638.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.454	Nonpriority creditor's name and mailing address PENSKE TRUCK LEASING CO LP 2675 MORGANTOWN RD P.O. BOX 1321 READING, PA 19603-1321 Date or dates debt was incurred 5/9/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$89.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.455	Nonpriority creditor's name and mailing address PEPPER HAMILTON LLP 3000 TWO LOGAN SQUARE EIGHTEENTH AND ARCH STREETS PHILADELPHIA, PA 19103-2799 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$44,666.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.456	Nonpriority creditor's name and mailing address PERRI MCGOWEN ADDRESS REDACTED Date or dates debt was incurred 1/5/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$10.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.457	Nonpriority creditor's name and mailing address PETERSEN INTERNATIONAL UNDERWR 23929 VALENCIA BLVD 2ND FLOOR VALENCIA, CA 91355 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$3,061.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.458	Nonpriority creditor's name and mailing address PHARMERICA LONG TERM CARE, LLC C/O QUILLING SELANDER LOWNDS, WINSLETT & MOSER, P.C. ATTN: GREGORY M. SUDBURY 2001 BRYAN ST, STE 1800 DALLAS, TX 75201 Date or dates debt was incurred 2012-2017 Last 4 digits of account number DC 18-09962	As of the petition filing date, the claim is: \$314,739.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.459	Nonpriority creditor's name and mailing address PHILADELPHIA INDEMNITY INSURAN P.O. BOX 731178 DALLAS, TX 75373-1178 Date or dates debt was incurred 3/4/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$741.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.460	Nonpriority creditor's name and mailing address PHILADELPHIA INSURANCE ATTN: SHAKELIA HAYES Date or dates debt was incurred 12/17/2018 Last 4 digits of account number PHNH 18121234079	As of the petition filing date, the claim is: UNKNOWN <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: INSURANCE CLAIM PHNH 18121234079 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.461 Nonpriority creditor's name and mailing address**PIPER-WEATHERFORD CO
P.O. BOX 550428
DALLAS, TX 75355-0428**Date or dates debt was incurred**

7/31/2017

Last 4 digits of account number**As of the petition filing date, the claim is:****\$487.13**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.462 Nonpriority creditor's name and mailing addressPJ WILLIAMS PHOTOGRAPHY
4510 BALLYMENA DRIVE
FRISCO, TX 75034**Date or dates debt was incurred**

9/18/2018

Last 4 digits of account number**As of the petition filing date, the claim is:****\$1,618.34**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.463 Nonpriority creditor's name and mailing addressPLATINUM PARKING
719 OLIVE STREET
BRYAN TOWER II, LP
DALLAS, TX 75201**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:****\$29,841.05**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.464 Nonpriority creditor's name and mailing addressPOINTCLICKCARE TECHNOLOGIES, I
5570 EXPLORER DRIVE
MISSISSAUGA, ON L4W 0C4
CANADA**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:****\$296,774.45**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.465 Nonpriority creditor's name and mailing addressPOTA JV, LLC
P.O. BOX 748271
LOS ANGELES, CA 90074-8271

As of the petition filing date, the claim is:

\$8,907.67

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

RENT

Date or dates debt was incurred

10/20/2018

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.466 Nonpriority creditor's name and mailing addressPREVENTIAMED, PA
1250 S. CAPITAL OF TX HWY, BUILDING III, SUITE 400
AUSTIN, TX 78746

As of the petition filing date, the claim is:

\$2,500.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

SERVICES

Date or dates debt was incurred

9/30/2017

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.467 Nonpriority creditor's name and mailing addressPRINCESITA DEJESUS-BROWN
ADDRESS REDACTED

As of the petition filing date, the claim is:

\$8.27

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

4/30/2018

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.468 Nonpriority creditor's name and mailing addressPRINCIPAL FINANCIAL GROUP
C/O THE PLUS GROUP TEXAS
2400 DALLAS PARKWAY, SUITE 260
PLANO, TX 75093

As of the petition filing date, the claim is:

\$6,166.60

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

INSURANCE

Date or dates debt was incurred

11/14/2018

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.469	Nonpriority creditor's name and mailing address PRINCIPAL LIFE INSURANCE COMPA 4141 PARK LAKE AVE. AVE. 400 RELEIGH, NC 27612 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$3,050.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.470	Nonpriority creditor's name and mailing address PRINCIPIUM RECRUITING LLC P.O. BOX 793643 DALLAS, TX 75379 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$28,491.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.471	Nonpriority creditor's name and mailing address PROVIDERTRUST , INC. 2300 CHARLOTTE AVE., 104 NASHVILLE, TN 37203 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$40,326.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.472	Nonpriority creditor's name and mailing address PTOT SALES AND SERVICE, LLC 1211 ASHMOORE CT. SOUTHLAKE, TX 76092 Date or dates debt was incurred 11/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$9,625.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.473 Nonpriority creditor's name and mailing address QUADRIGA PARTNERS 200 COLUMBINE SUITE 200 DENVER, CO 80206 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$20,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.474 Nonpriority creditor's name and mailing address QUINATAIROS PRIETO WOOD & BOYE 9300 SOUTH DADELAND BLVD. 4TH FLOOR MIAMI, FL 33156 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$32,084.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.475 Nonpriority creditor's name and mailing address QUINTAIROS, PRIETO, WOOD & BOY 9300 SOUTH DADELAND BLVD 4TH FLOOR MIAMI, FL 33156 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$75,271.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.476 Nonpriority creditor's name and mailing address RACHEL NACHTIGALL ADDRESS REDACTED Date or dates debt was incurred 4/14/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,899.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.477	Nonpriority creditor's name and mailing address RANELL PARKS ADDRESS REDACTED Date or dates debt was incurred 6/8/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$22.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.478	Nonpriority creditor's name and mailing address RAS RUHMANN JR ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$38.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.479	Nonpriority creditor's name and mailing address REBEKAH WHITE ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$72.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.480	Nonpriority creditor's name and mailing address REED , CLAYMON, MEEKER & HARGE 5608 PARKCREST DRIVE, 200 AUSTIN, TX 78731-4999 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$10,507.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.481	Nonpriority creditor's name and mailing address REED SMITH LLP 225 FIFTH AVENUE PITTSBURGH, PA 15222 Date or dates debt was incurred 9/5/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$3,852.80 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTOR Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.482	Nonpriority creditor's name and mailing address REFRIGERATED SPECIALIST, INC 3040 EAST MEADOWS 3040 EAST MEADOWS MESQUITE, TX 75150 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$636.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.483	Nonpriority creditor's name and mailing address REGIONAL EMP. ASSIST - COMMUNI 2142 SUNSET DRIVE SAN ANGELO, TX 76904 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$3,600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.484	Nonpriority creditor's name and mailing address RELIANT ENERGY RETAIL SERVICES P.O. BOX 650475 DALLAS, TX 75265-0475 Date or dates debt was incurred 9/28/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$286,728.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.485	Nonpriority creditor's name and mailing address RENEW WASTE SOLUTIONS, LLC 5840 GREENWOOD RD. SHREVEPORT, LA 71119 Date or dates debt was incurred 11/15/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$65.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.486	Nonpriority creditor's name and mailing address RENITA BILLINGSLEA ADDRESS REDACTED Date or dates debt was incurred 8/16/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$30.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.487	Nonpriority creditor's name and mailing address REPUBLIC SERVICES ALLIED WASTE SERVICES#847 P.O. BOX 9236 CORPUS CHRISTI, TX 78469 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$5,966.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.488	Nonpriority creditor's name and mailing address RESTORATIVE HEALTH&WELLNESS- Q 401 CONGRESS AVE STE. 1540 AUSTIN, TX 78701 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.489 Nonpriority creditor's name and mailing address RHONDA LUCKEY ADDRESS REDACTED Date or dates debt was incurred 7/19/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$107.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.490 Nonpriority creditor's name and mailing address RICHARD NEWELL ADDRESS REDACTED Date or dates debt was incurred 1/5/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$50.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.491 Nonpriority creditor's name and mailing address RICHTER & ASSOCIATES 8948 CANYON FALLS BLVD STE. 400 TWINSBURG, OH 44087 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$68,218.44 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTOR Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.492 Nonpriority creditor's name and mailing address ROBERT D FUDGE ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$48.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.493	Nonpriority creditor's name and mailing address ROBERT WELCH C/O FLEITA WELCH 1516 JERSEY DR AUSTIN, TX 78758 Date or dates debt was incurred 12/4/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$233.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT REFUNDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.494	Nonpriority creditor's name and mailing address ROBERTO MARTINEZ ADDRESS REDACTED Date or dates debt was incurred 6/26/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,805.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.495	Nonpriority creditor's name and mailing address ROBIN DUNN 1168 WALLER STREET AUSTIN, TX 78702 Date or dates debt was incurred 12/21/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$294.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.496	Nonpriority creditor's name and mailing address ROCKWALL SIGNS AND WRAP - ROCK ROCKWALL SIGNS AND WRAPS ROCKWALL, TX 75087 Date or dates debt was incurred 9/21/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$5,196.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.497	Nonpriority creditor's name and mailing address ROGER HARVILL ADDRESS REDACTED Date or dates debt was incurred 6/27/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.498	Nonpriority creditor's name and mailing address ROMPH & POU AGENCY, INC 7225 FERN AVE. SUITE 100 SHREVEPORT, LA 71105 Date or dates debt was incurred 1/31/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$191.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.499	Nonpriority creditor's name and mailing address RONALD W. KILLAM, MD 13111 EAST FWY, SUITE 303 HOUSTON, TX 77015-5819 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$3,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.500	Nonpriority creditor's name and mailing address ROSE CARTER ADDRESS REDACTED Date or dates debt was incurred 11/15/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$111.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.501	Nonpriority creditor's name and mailing address ROSS AND SHOALMIRE 1820 GALLERIA OAKS DRIVE TEXARKANA, TX 75503 Date or dates debt was incurred 6/26/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.502	Nonpriority creditor's name and mailing address ROXSAND GUERRERO ADDRESS REDACTED Date or dates debt was incurred 4/19/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$40.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.503	Nonpriority creditor's name and mailing address RSM COMMERCIAL LIGHTING LLC 3808 HARVEY PENICK DR ROUND ROCK, TX 78664 Date or dates debt was incurred 4/18/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$10,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.504	Nonpriority creditor's name and mailing address RUBY GARCIA ADDRESS REDACTED Date or dates debt was incurred 1/23/2014 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.505	Nonpriority creditor's name and mailing address RWH MYERS & COMPANY LLC P.O. BOX 62031 PITTSBURGH, PA 15241 Date or dates debt was incurred 11/8/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$7,425.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.506	Nonpriority creditor's name and mailing address RYAN D. FORD, MD TRINITY CLINIC - JACKSONVILLE 2026 S. JACKSON STREET JACKSONVILLE, TX 75766-5822 Date or dates debt was incurred 9/29/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$2,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.507	Nonpriority creditor's name and mailing address SABRINA HOOKS ADDRESS REDACTED Date or dates debt was incurred 10/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$29.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.508	Nonpriority creditor's name and mailing address SACHA CLARKE ADDRESS REDACTED Date or dates debt was incurred 2/1/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$19.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.509	Nonpriority creditor's name and mailing address SAFEGUARD DATA STORAGE P.O. BOX 471487 FORT WORTH, TX 76147-1400 Date or dates debt was incurred 10/31/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$86.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.510	Nonpriority creditor's name and mailing address SALES MARKETING GROUP 30707 GREENFIELD ROAD SOUTHFIELD, MI 48076 Date or dates debt was incurred 2/20/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$974.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.511	Nonpriority creditor's name and mailing address SAN ANGELO SENIOR'S GUIDE C/O DAVID CHICK P.O. BOX 2584 SAN ANGELO, TX 76902 Date or dates debt was incurred 5/8/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$507.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.512	Nonpriority creditor's name and mailing address SAN ANGELO SENIORS GUIDE Date or dates debt was incurred 8/8/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$350.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.513 Nonpriority creditor's name and mailing addressSANDRA GLENN
ADDRESS REDACTED

As of the petition filing date, the claim is:

\$443.24

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

Various

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.514 Nonpriority creditor's name and mailing addressSARA ALLEN
ADDRESS REDACTED

As of the petition filing date, the claim is:

\$19.81

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

7/20/2015

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.515 Nonpriority creditor's name and mailing addressSARAH M JOHNSON
ADDRESS REDACTED

As of the petition filing date, the claim is:

\$11.95

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Date or dates debt was incurred

6/30/2016

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

3.516 Nonpriority creditor's name and mailing addressSATELLITE PHONE STORE.COM
2830 SHELTER ISLAND DRIVE
SAN DIEGO, CA 92106

As of the petition filing date, the claim is:

\$5,170.64

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Date or dates debt was incurred

3/24/2017

Last 4 digits of account number**Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.517	Nonpriority creditor's name and mailing address SAVANNAH POUNDS ADDRESS REDACTED Date or dates debt was incurred 10/28/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$122.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.518	Nonpriority creditor's name and mailing address SCOTT RICKARD C/O GRANITE INVESTMENTS 2 PARK PLAZA IRVINE, CA 92614 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$45,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DIVIDENDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.519	Nonpriority creditor's name and mailing address SECURED DOCUMENT SHREDDING INC 26 WEST INDUSTRIAL LOOP MIDLAND, TX 79701 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$287.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.520	Nonpriority creditor's name and mailing address SENIOR CARE CENTERS FOUNDATION 2828 NORTH HARWOOD DALLAS, TX 75201 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$11,205.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.521	Nonpriority creditor's name and mailing address SENIOR RESOURCE GUIDE, LLC 5753 SOUTH PRINCE STREET LITTLETON, CO 80160 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$6,720.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.522	Nonpriority creditor's name and mailing address SENIOR TV 815 EAST TALLMADGE AVE AKRON, OH 44310 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$7,178.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.523	Nonpriority creditor's name and mailing address SERVICE EMPLOYEE INT'L UNION LOCAL 100 ULU P.O. BOX 3924 NEW ORLEANS, LA 70177 Date or dates debt was incurred 7/19/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$311.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.524	Nonpriority creditor's name and mailing address SERVICE EXPRESS , INC 3854 BROADMOOR AVE SE GRAND RAPIDS, MI 49512 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$4,004.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.525	Nonpriority creditor's name and mailing address SHANDEL BLAKE ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$322.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.526	Nonpriority creditor's name and mailing address SHANNON HUDSON ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$102.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.527	Nonpriority creditor's name and mailing address SHARON BRADLEY ADDRESS REDACTED Date or dates debt was incurred 9/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$12.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.528	Nonpriority creditor's name and mailing address SHARON FRANCIS ADDRESS REDACTED Date or dates debt was incurred 7/1/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$68.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.529	Nonpriority creditor's name and mailing address SHEILA JOHNSON ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$51.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.530	Nonpriority creditor's name and mailing address SHELBEE MURRAY ADDRESS REDACTED Date or dates debt was incurred 8/30/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$7.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.531	Nonpriority creditor's name and mailing address SHELLEY ROBINETT ADDRESS REDACTED Date or dates debt was incurred 10/28/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$5.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.532	Nonpriority creditor's name and mailing address SHELLIE A RICHARD-THOMAS ADDRESS REDACTED Date or dates debt was incurred 12/1/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$13.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.533	Nonpriority creditor's name and mailing address SHIRLEY LIVINGSTON ADDRESS REDACTED	As of the petition filing date, the claim is: \$47.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE
	Date or dates debt was incurred 11/13/2016	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

3.534	Nonpriority creditor's name and mailing address SHRED - IT US JV LLC 10801 KEMPWOOD DR. STE. 4 HOUSTON, TX 77043	As of the petition filing date, the claim is: \$3,745.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE
	Date or dates debt was incurred Various	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

3.535	Nonpriority creditor's name and mailing address SHRED-IT USA - CHICAGO 28883 NETWORK PLACE CHICAGO, IL 60673-1288	As of the petition filing date, the claim is: \$3,226.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE
	Date or dates debt was incurred Various	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

3.536	Nonpriority creditor's name and mailing address SHRED-IT USA LLC 11101 FRANKLIN AVE. STE.100 FRANKLIN PARK, IL 60131-1403	As of the petition filing date, the claim is: \$2,482.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE
	Date or dates debt was incurred Various	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.537	Nonpriority creditor's name and mailing address SHUNETHIA JOHNSON ADDRESS REDACTED Date or dates debt was incurred 4/10/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$23.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.538	Nonpriority creditor's name and mailing address SIGMA ACTUARIAL CONSULTING GRO 5301 VIRGINIA WAY STE 230 BRENTWOOD, TN 37027 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$8,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.539	Nonpriority creditor's name and mailing address SILVIA OCON ADDRESS REDACTED Date or dates debt was incurred 10/18/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.540	Nonpriority creditor's name and mailing address SIMPELTC SYSTEMS INC 4220 DONNINGTON DRIVE PLANO, TX 75093 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$78,144.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.541	Nonpriority creditor's name and mailing address SIMPLIFY 300 VALLEYWOOD ROAD THE WOODLANDS, TX 77380 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,299.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.542	Nonpriority creditor's name and mailing address SOUND PHYSICIANS OF TEXAS III HOSPITALIST MEDICINE PHYSICIANS OF TEXAS, PLLC P.O. BOX 742936 LOS ANGELES, CA 90074-2936 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$15,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.543	Nonpriority creditor's name and mailing address SOUTH TEXAS BROADCASTING, INC- 9601 MCALLISTER FREEWAY, 1200 SAN ANTONIO, TX 78216 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,840.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.544	Nonpriority creditor's name and mailing address SOUTH TEXAS CLINICAL LABORATORY, LTD C/O ANDERSON, LEHRMAN, BARRE, & MARAIST, LLP ATTN: DENNY S. BARRE GASLIGHT SQUARE 1001 THIRD ST, STE 1 CORPUS CHRISTI, TX 78404 Date or dates debt was incurred 2017 Last 4 digits of account number 2018DCV-3292-C	As of the petition filing date, the claim is: \$100,000.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.545 Nonpriority creditor's name and mailing address**SOUTHWESTERN ELECTRIC POWER
P.O. BOX 24422
CANTON, OH 44701-4422**Date or dates debt was incurred**

5/10/2017

Last 4 digits of account number**As of the petition filing date, the claim is:****\$2,291.16**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UTILITIES

Is the claim subject to offset?

- ☒ No
☐ Yes

3.546 Nonpriority creditor's name and mailing addressSPECTROTEL
3535 STATE HWY 66
BLDG 7
NEPTUNE, NJ 07753**Date or dates debt was incurred**

11/1/2018

Last 4 digits of account number**As of the petition filing date, the claim is:****\$186.20**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UTILITIES

Is the claim subject to offset?

- ☒ No
☐ Yes

3.547 Nonpriority creditor's name and mailing addressSPOK, INC.
10400 YELLOW CIRCLE DRIVE
EDEN PRAIRIE, MN 55343**Date or dates debt was incurred**

11/20/2018

Last 4 digits of account number**As of the petition filing date, the claim is:****\$261.26**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UTILITIES

Is the claim subject to offset?

- ☒ No
☐ Yes

3.548 Nonpriority creditor's name and mailing addressSPRING HILL SUITES BY MARRIOTT
1907 N LAMAR ST.
DALLAS, TX 75202**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:****\$9,876.36**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.549	Nonpriority creditor's name and mailing address SPRINGHILL SUITES CORPUS CHRIS 4331 SOUTH PADRE ISLAND DRIVE CORPUS CHRISTI, TX 78411 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$699.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.550	Nonpriority creditor's name and mailing address STACEY TOWNS ADDRESS REDACTED Date or dates debt was incurred 1/31/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$37.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.551	Nonpriority creditor's name and mailing address STACY CLASBY ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$196.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.552	Nonpriority creditor's name and mailing address STAPLES BUSINESS ADVANTAGE (DS P.O. BOX 71217 CHICAGO, IL 60694-1217 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$6,565.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.553	Nonpriority creditor's name and mailing address STAPLES PROMOTIONAL PRODUCTS STAPLES CONTRACT AND COMMERCIAL, INC. BIN #150003, P.O. BOX 790322 ST. LOUIS, MO 63179-0322 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$6,478.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.554	Nonpriority creditor's name and mailing address STEPHANIE SMITH ADDRESS REDACTED Date or dates debt was incurred 6/20/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$39.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.555	Nonpriority creditor's name and mailing address STEPHEN DUCK, CPA P.C. 911 NW LOOP 281, SUITE 201 LONGVIEW, TX 75604 Date or dates debt was incurred 10/31/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$2,550.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRACTOR Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.556	Nonpriority creditor's name and mailing address STERICYCLE, INC 4010 COMMERCIAL AVE NORTHBROOK, IL 60062 Date or dates debt was incurred 10/31/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,342.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.557	Nonpriority creditor's name and mailing address STEVEN BRAY 1739 BISON MEADOW LN HEATH, TX 75032 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$5,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.558	Nonpriority creditor's name and mailing address STEWART WIEGAND & OWENS PC 325 NORTH ST. PAUL AVE SUITE 4150 DALLAS, TX 75201 Date or dates debt was incurred 10/3/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$157.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.559	Nonpriority creditor's name and mailing address STOCKARD JOHNSTON BROWN & NETA 1800 S WASHINGTON ST STE 307 AMARILLO, TX 79102 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$3,287.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.560	Nonpriority creditor's name and mailing address STREAM REALTY PARTNERS - AUSTI P.O. BOX 730888 DALLAS, TX 75373-0888 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$8,104.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.561	Nonpriority creditor's name and mailing address SUBSCRIPTION SERVICES P.O. BOX 17592 BALTIMORE, MD 21297-1592 Date or dates debt was incurred 1/15/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$6,926.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.562	Nonpriority creditor's name and mailing address SUDDENLINK P.O. BOX 660365 DALLAS, TX 75266-0365 Date or dates debt was incurred 11/18/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$184.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.563	Nonpriority creditor's name and mailing address SUSAN KRALL ADDRESS REDACTED Date or dates debt was incurred 12/2/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$493.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.564	Nonpriority creditor's name and mailing address SUSAN LABREE ADDRESS REDACTED Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$52.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.565 Nonpriority creditor's name and mailing addressTALENTWISE, INC
500 108TH AVE N.E., 25TH FLOOR
BELLEVUE, WA 98004**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$33,749.25

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.566 Nonpriority creditor's name and mailing addressTALLWOOD MEDICAL EQUIPMENT & SUPPLY INC
C/O CRUMP & DEUTSCH PLLC
ATTN: P. RANDALL CRUMP
2825 WILCREST DR, STE 216
HOUSTON, TX 77042**Date or dates debt was incurred**

2017

Last 4 digits of account number

CL-2018-198672

As of the petition filing date, the claim is:

\$100,948.82

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No
☐ Yes

3.567 Nonpriority creditor's name and mailing addressTALX CORPORATION
4076 PAYSPIRE CIRCLE
CHICAGO, IL 60674**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$1,172.60

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.568 Nonpriority creditor's name and mailing addressTAMARA M MAYER
ADDRESS REDACTED**Date or dates debt was incurred**

1/10/2016

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$9.72

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.569	Nonpriority creditor's name and mailing address TANEICHA S. GRADY-BRAVO ADDRESS REDACTED Date or dates debt was incurred 6/10/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$42.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.570	Nonpriority creditor's name and mailing address TARA R STEWART ADDRESS REDACTED Date or dates debt was incurred 6/2/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$257.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.571	Nonpriority creditor's name and mailing address TASC CLIENT INVOICES P.O. BOX 88278 MILWAUKEE, WI 53288-0001 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$2,514.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.572	Nonpriority creditor's name and mailing address TCF EQUIPMENT FINANCE P.O. BOX 77077 MINNEAPOLIS, MN 55480-7777 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$4,427.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.573 Nonpriority creditor's name and mailing addressTEAM TSI CORPORATION
P.O. BOX 1547
ALBERTVILLE, AL 35950**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$66,500.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.574 Nonpriority creditor's name and mailing addressTECH DOGS LLC
1200 PLACID AVE
STE. 500
PLANO, TX 75074**Date or dates debt was incurred**

11/27/2018

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$174.82

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.575 Nonpriority creditor's name and mailing addressTECHRELIEF SOFTWARE INC
P.O. BOX 33412
INDIALANTIC, FL 32903**Date or dates debt was incurred**

12/1/2016

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$80.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.576 Nonpriority creditor's name and mailing addressTEXAS DISPOSAL SYSTEM, INC
P.O. BOX 968
AUSTIN, TX 78767-0968**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$1,294.96

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UTILITIES

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.577	Nonpriority creditor's name and mailing address TEXAS HEALTH AND HUMAN SERVICE HHSC-ARTS P.O. BOX 149055 AUSTIN, TX 78714-9055 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$7,130.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.578	Nonpriority creditor's name and mailing address TEXAS LIVING 1716 BRIARCREST DRIVE STE. 750 BRYAN, TX 77802 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,590.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.579	Nonpriority creditor's name and mailing address TEXAS TOLLWAYS CSC 12719 BURNET ROAD AUSTIN, TX 78727 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$101.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.580	Nonpriority creditor's name and mailing address TEXOLLA WEST ADDRESS REDACTED Date or dates debt was incurred 10/3/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$635.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.581 Nonpriority creditor's name and mailing address THE 3-DG GROUP, LLC 2911 ESTERS ROAD, 2660 IRVING, TX 75062 Date or dates debt was incurred 9/14/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$302.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.582 Nonpriority creditor's name and mailing address THE GOBER GROUP 1005 CONFRESS AVENUE SUITE 350 AUSTIN, TX 78701 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$6,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.583 Nonpriority creditor's name and mailing address THE PILL BOX PHARMACY 4740 JACKSON STREET EXT ALEXANDRIA, LA 71303 Date or dates debt was incurred 10/12/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.584 Nonpriority creditor's name and mailing address THE PLANT PLACE 10704 GOODNIGHT LANE DALLAS, TX 75220 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,434.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.585 Nonpriority creditor's name and mailing address

THE TRADE GROUP
JESSE CHAVOYA
1434 PATTON PLACE SUITE #190
CARROLLTON, TX 75007

Date or dates debt was incurred

5/30/2017

Last 4 digits of account number**As of the petition filing date, the claim is:****\$397.92**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.586 Nonpriority creditor's name and mailing address

THERESA CHRISTOPHER
ADDRESS REDACTED

Date or dates debt was incurred

2/12/2016

Last 4 digits of account number**As of the petition filing date, the claim is:****\$205.83**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.587 Nonpriority creditor's name and mailing address

THOMSON REUTERS WEST PAYMENT C
P.O. BOX 6292
CAROL STREAM, IL 60197-6292

Date or dates debt was incurred

Various

Last 4 digits of account number**As of the petition filing date, the claim is:****\$6,459.65**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.588 Nonpriority creditor's name and mailing address

TIFFANY ADAMS
ADDRESS REDACTED

Date or dates debt was incurred

4/20/2017

Last 4 digits of account number**As of the petition filing date, the claim is:****\$43.87**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.589	Nonpriority creditor's name and mailing address TIGER SANITATION P.O. BOX 200143 SAN ANTONIO, TX 78220-0143 Date or dates debt was incurred 11/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$978.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.590	Nonpriority creditor's name and mailing address TIGERLILLIES FLORIST 109 EAST COMMERCE JACKSONVILLE, TX 75766 Date or dates debt was incurred 5/30/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$59.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.591	Nonpriority creditor's name and mailing address TIM VAN ALLEN ADDRESS REDACTED Date or dates debt was incurred 1/27/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.592	Nonpriority creditor's name and mailing address TIME MANAGEMENT SYSTEMS (TMS, 3220 LINE DRIVE SIOUX CITY, IA 51106 Date or dates debt was incurred 7/1/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,722.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.593	Nonpriority creditor's name and mailing address TIME WARNER - 223085 BOX 223085 PITTSBURGH, PA 15251-2085 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$4,889.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.594	Nonpriority creditor's name and mailing address TIME WARNER CABLE P.O. BOX 650734 DALLAS, TX 75265-0734 Date or dates debt was incurred 11/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,265.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.595	Nonpriority creditor's name and mailing address TIME WARNER CABLE - 60074 P.O. BOX 60074 CITY OF INDUSTRY, CA 91716-0074 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$49,858.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.596	Nonpriority creditor's name and mailing address TIME WARNER CABLE - 660097 P.O. BOX 660097 DALLAS, TX 75266-0097 Date or dates debt was incurred 7/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$139.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.597	Nonpriority creditor's name and mailing address TIRE KINGDOM NTB 823 DONALD ROSS ROAD JUNO BEACH, FL 33408 Date or dates debt was incurred 3/25/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$19.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.598	Nonpriority creditor's name and mailing address TOMAS GUERRA 2130 MOUNTAIN RANCH HOUSTON, TX 77049 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,285.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.599	Nonpriority creditor's name and mailing address TONIA BELLARD ADDRESS REDACTED Date or dates debt was incurred 9/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$971.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.600	Nonpriority creditor's name and mailing address TONYA THIELE ADDRESS REDACTED Date or dates debt was incurred 9/26/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$97.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.601 Nonpriority creditor's name and mailing addressTOSHIBA FINANCIAL SERVICES
P.O. BOX 740441
ATLANTA, GA 30374-0441**Date or dates debt was incurred**

10/16/2016

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$446.34

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.602 Nonpriority creditor's name and mailing addressTOWNEPLACE SUITES CORPUS CHRIS
109 ESPLANADE DRIVE
PORTLAND, TX 78374**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$5,355.83

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.603 Nonpriority creditor's name and mailing addressTRACEY NEAL
ADDRESS REDACTED**Date or dates debt was incurred**

9/16/2015

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$119.96

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.604 Nonpriority creditor's name and mailing addressTRINITY TILE AND STONE
3705 TARRAGONA LANE
AUSTIN, TX 78727**Date or dates debt was incurred**

7/26/2017

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$18,975.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.605	Nonpriority creditor's name and mailing address TRUE COLORS INTERNATIONAL 1401 N. BATAVIA STREET SUITE 106 ORANGE, CA 92867 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$2,745.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.606	Nonpriority creditor's name and mailing address UNDERWOOD LAW FIRM, P.C. P.O. BOX 9158 AMARILLO, TX 79105-9158 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$21,735.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.607	Nonpriority creditor's name and mailing address UNILINK P.O. BOX 18148 ROCHESTER, NY 14618 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$240.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.608	Nonpriority creditor's name and mailing address UNITED PROPANE HENDERSON BUTANE LP P.O. BOX 5 JUSTIN, TX 76247 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$2,072.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.609	Nonpriority creditor's name and mailing address UNITED SEATING AND MOBILITY DBA NUMOTION 975 HORNET DRIVE HAZELWOOD, MO 63045 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$10,884.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.610	Nonpriority creditor's name and mailing address US-ANALYTICS SOLUTIONS GROUP, 600 E LAS COLINAS BLVD STE 2222 IRVING, TX 75039 Date or dates debt was incurred 10/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$10,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.611	Nonpriority creditor's name and mailing address VALERIE SANCHEZ ADDRESS REDACTED Date or dates debt was incurred 6/5/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$78.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.612	Nonpriority creditor's name and mailing address VALLEY PULMONARY GROUP, PLLC 1200 E. SAVANNAH STE. 16 MCALLEN, TX 78503 Date or dates debt was incurred 3/3/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.613	Nonpriority creditor's name and mailing address VALUATION & INFORMATION GROUP 6167 BRISTOL PARKWY, SUITE 430 CULVER CITY, CA 90230 Date or dates debt was incurred 8/31/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$2,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DIVIDENDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.614	Nonpriority creditor's name and mailing address VANESSA WREN ADDRESS REDACTED Date or dates debt was incurred 11/28/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$101.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.615	Nonpriority creditor's name and mailing address VERIZON BUSINESS P.O. BOX 371873 PITTSBURGH, PA 15250-7873 Date or dates debt was incurred 11/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$953.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.616	Nonpriority creditor's name and mailing address VERIZON DIRECTORIES CORP. ATTN: ACCT RECEIVABLE DEPT. P.O. BOX 619009 D/FW AIRPORT, TX 75261-9009 Date or dates debt was incurred 3/22/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,249.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.617	Nonpriority creditor's name and mailing address VERNA REGIER ADDRESS REDACTED Date or dates debt was incurred 2/9/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$122.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.618	Nonpriority creditor's name and mailing address VERONICA FRUGE ADDRESS REDACTED Date or dates debt was incurred 10/6/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$7.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.619	Nonpriority creditor's name and mailing address VICTORIA A. DELA FUENTE ADDRESS REDACTED Date or dates debt was incurred 12/15/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$15.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.620	Nonpriority creditor's name and mailing address VICTORIA CISSE ADDRESS REDACTED Date or dates debt was incurred 3/16/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$36.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.621	Nonpriority creditor's name and mailing address VIDAURRI LYDE RODRIGUEZ & HAYN 202 N 10TH AVE EDINBURG, TX 78541 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$620.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEGAL SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.622	Nonpriority creditor's name and mailing address VITA-STAT LLC DBA CREATIVE STRATEGIES 5650 BARDSTOWN ROAD LOUISVILLE, KY 40291 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.623	Nonpriority creditor's name and mailing address VIVIAN ROWLAND 100 SEQUOYAH STREET BUDA, TX 78610 Date or dates debt was incurred 2/6/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$50.93 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PATIENT REFUNDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.624	Nonpriority creditor's name and mailing address VNR-1 COMMUNICATIONS, INC. VNR-1 VIDEO PUBLIC RELATIONS, INC. 16415 ADDISON ROAD, SUITE 500 ADDISON, TX 75001 Date or dates debt was incurred 7/18/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,350.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.625	Nonpriority creditor's name and mailing address WALL I. S. D. P.O. BOX 259 WALL, TX 76957 Date or dates debt was incurred 5/24/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$350.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.626	Nonpriority creditor's name and mailing address WASTE CONNECTIONS 3 WATERWAY SQUARE PLACE STE 110 THE WOODLANDS, TX 77380 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$9,590.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.627	Nonpriority creditor's name and mailing address WELLMED NETWORK, INC P.O. BOX 845833 DALLAS, TX 75284-5833 Date or dates debt was incurred 1/1/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.628	Nonpriority creditor's name and mailing address WELLS FARGO EQUIPMENT FINANCE P.O. BOX 7777 SAN FRANCISCO, CA 94120-7777 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$4,858.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.629 Nonpriority creditor's name and mailing addressWELLS FARGO EQUIPMENT FINANCE,
600 SOUTH 4TH ST
FLOOR 10
MINNEAPOLIS, MN 55415**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$18,600.86

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.630 Nonpriority creditor's name and mailing addressWELLS FARGO EQUIPMENT FINANCE,
733 MARQUETTE AVE. , STE. 700
MAC N9306-070
MINNEAPOLIS, MN 55402**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$5,189.52

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.631 Nonpriority creditor's name and mailing addressWENDY BELL
ADDRESS REDACTED**Date or dates debt was incurred**

Various

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$446.64

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

EMPLOYEE

Is the claim subject to offset?

- ☒ No
☐ Yes

3.632 Nonpriority creditor's name and mailing addressWEST PUBLISHING CORPORATION D/B/A WEST, A THOMSON REUTERS BUSINESS
C/O MOSS & BARNETT, PA
ATTN: MICHAEL ETMUND
150 SOUTH FIFTH ST, STE 1200
MINNEAPOLIS, MN 55402**Date or dates debt was incurred**

2016

Last 4 digits of account number**As of the petition filing date, the claim is:**

\$12,009.36

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

LITIGATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.633	Nonpriority creditor's name and mailing address WILLIAM NGENE C/O JOHN E. WALL, JR. 5728 PROSPECT AVE, STE 2001 DALLAS, TX 75206-7284 Date or dates debt was incurred UNKNOWN Last 4 digits of account number 6:17-cv-00215-RP-JCM	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION NO.6:17-CV-00215-RP-JCM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.634	Nonpriority creditor's name and mailing address WINDSTREAM P.O. BOX 9001013 LOUISVILLE, KY 40290-1013 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$2,594.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.635	Nonpriority creditor's name and mailing address WK PIERREMONT CARDIOLOGY 1811 EAST BERT KOUNS SUITE 210 SHREVEPORT, LA 71105-5741 Date or dates debt was incurred 12/16/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$202.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PROVIDERS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.636	Nonpriority creditor's name and mailing address XOCHITL VALENCIA C/O LANCE GEPPERT 8000 WEST AVE, STE 1 SAN ANTONIO, TX 78231 Date or dates debt was incurred UNKNOWN Last 4 digits of account number Cause 2017 CV 05846	As of the petition filing date, the claim is: UNKNOWN <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION CAUSE 2017 CV 05846 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.637	Nonpriority creditor's name and mailing address YOLANDA JUDY YOUNG ADDRESS REDACTED Date or dates debt was incurred 4/10/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$30.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.638	Nonpriority creditor's name and mailing address YORK RISK SERVICES GROUP, INC. Date or dates debt was incurred 10/1/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$20,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.639	Nonpriority creditor's name and mailing address ZAN JONES ADDRESS REDACTED Date or dates debt was incurred 1/15/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$199.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.640	Nonpriority creditor's name and mailing address ZIPPORAH RICE ADDRESS REDACTED Date or dates debt was incurred 3/23/2017 Last 4 digits of account number	As of the petition filing date, the claim is: \$21.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.641	Nonpriority creditor's name and mailing address ZIRMED, INC. 888 WEST MARKET STREET LOUISVILLE, KY 40202 Date or dates debt was incurred Various Last 4 digits of account number	As of the petition filing date, the claim is: \$38,814.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.642	Nonpriority creditor's name and mailing address ZOOM VIDEO COMMUNICATIONS, INC 55 ALMADEN BLVD. SUITE 600 SAN JOSE, CA 95113 Date or dates debt was incurred 11/12/2018 Last 4 digits of account number	As of the petition filing date, the claim is: \$1,881.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.643	Nonpriority creditor's name and mailing address ZORAHADA GARZA ADDRESS REDACTED Date or dates debt was incurred 6/28/2016 Last 4 digits of account number	As of the petition filing date, the claim is: \$8.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 3: List Others to be Notified About Unsecured Claims**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditors (if any) listed?	Last 4 digits of account number, if any
4.1	FULTZ MADDOX DICKENS PLC ATTN: BENJAMIN FULTZ, JENNIFER STINNETT RE: PHARMERICA LONG TERM CARE LLC 101 S 5TH ST, 27TH FL LOUISVILLE, KY 40202	Line 3.458 <input type="checkbox"/> Not listed. Explain	

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****5a. Total claims from Part 1**

\$54,076.99

5b. Total claims from Part 2

\$16,334,721.97

5c. Total claims of Parts 1 and 2

Lines 5a + 5b = 5c

\$16,388,798.96

Debtor Name **Senior Care Centers, LLC**
United States Bankruptcy Court for the Northern District of Texas
Case number (if known): **18-33967**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B)

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	ALLRUVA TECHNOLOGY SERVICES INC 2108 TORIN ST LEWISVILLE, TX 75056
	State the term remaining List the contract number of any government contract	1/31/2018	
2.2	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	BDO P.O. BOX 642743 PITTSBURGH, PA 15264-2743
	State the term remaining List the contract number of any government contract	10/23/2018	
2.3	State what the contract or lease is for and the nature of the debtor's interest	LEASE EXPENSE-PHONE HANDSETS	CENTURYLINK P.O. BOX 52187 PHOENIX, AZ 85072-2187
	State the term remaining List the contract number of any government contract	Unknown	
2.4	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	CHRIS BLAND 22402 BANISTER SAN ANTONIO, TX 78259
	State the term remaining List the contract number of any government contract	11/9/2018	
2.5	State what the contract or lease is for and the nature of the debtor's interest	LEASE EXPENSE-NETWORK EQUIPMENT (MERAKI)	CISCO SYSTEMS CAPITAL CORPORATION 170 W TASMAN DR MAILSTOP SJ-13/3 SAN JOSE, CA 95134
	State the term remaining List the contract number of any government contract	Unknown	

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.****List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.6	State what the contract or lease is for and the nature of the debtor's interest	LEASE EXPENSE-COPIERS	DAHILL 8200 IH 10 W, SUITE 400 SAN ANTONIO, TX 78230
	State the term remaining List the contract number of any government contract	Unknown	
2.7	State what the contract or lease is for and the nature of the debtor's interest	LEASE EXPENSE-COPIER	DENITECH CORPORATION 820 W SANDY LAKE RD, STE 100 COPPELL, TX 75019
	State the term remaining List the contract number of any government contract	Unknown	
2.8	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	EFFECTIVE FOCUS INC 5729 LEBANON RD, 144 BOX 230 FRISCO, TX 75034
	State the term remaining List the contract number of any government contract	10/1/2018	
2.9	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	FREDERIC W COOK & CO INC 685 3RD AVE, 28TH FL NEW YORK, NY 10017
	State the term remaining List the contract number of any government contract	4/30/2018	
2.10	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	GREEN WASTE TECHNOLOGY CONSULTING SERVICE , LLC
	State the term remaining List the contract number of any government contract	9/30/2017	
2.11	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	GSELL CONSULTING INC 7506 LONE STAR JUNCTION ST RICHMOND, TX 77406
	State the term remaining List the contract number of any government contract	4/8/2018	

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.12	State what the contract or lease is for and the nature of the debtor's interest	LEASE EXPENSE-PC'S AND VARIOUS EQUIPMENT	HEWLETT-PACKARD FINANCIAL SERVICES 200 CONNELL DR, STE 5000 BERKELEY HEIGHTS, NJ 07922
	State the term remaining List the contract number of any government contract	Unknown	
2.13	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	JADE GONG & ASSOCIATES LLC
	State the term remaining List the contract number of any government contract	3/26/2017	
2.14	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	JAMS INC P.O. BOX 845402 LOS ANGELES, CA 90084
	State the term remaining List the contract number of any government contract	2/22/2018	
2.15	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	KORN FERRY INTERNATIONAL NW 5064 P.O. BOX 1450 MINNEAPOLIS, MN 55485-5064
	State the term remaining List the contract number of any government contract	7/12/2018	
2.16	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	MATTHEW ALLEN WOOLSEY CONSULTING ED.D., CPC, ELI-MP
	State the term remaining List the contract number of any government contract	8/2/2018	
2.17	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	MINDY SHAVER
	State the term remaining List the contract number of any government contract	10/31/2017	

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.****List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.18	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	NEXTSTEP RECRUITING LLC 19111 DALLAS PKWY, STE 100 PLANO, TX 75287
	State the term remaining List the contract number of any government contract	9/13/2018	
2.19	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	PAUL SPIEGELMAN, LLC
	State the term remaining List the contract number of any government contract	12/2/2017	
2.20	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	QUANTUM GLOBAL ADVISORS 445 N LASALLE ST CHICAGO, IL 60654
	State the term remaining List the contract number of any government contract	7/31/2018	
2.21	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	RAINSHADOW COACHING - CARRIE WILLIAMS 17356 MARLIN PL LAKE BALBOA, CA 91406
	State the term remaining List the contract number of any government contract	8/1/2018	
2.22	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	REED SMITH LLP 225 FIFTH AVENUE PITTSBURGH, PA 15222
	State the term remaining List the contract number of any government contract	9/5/2018	
2.23	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	RICHTER & ASSOCIATES 8948 CANYON FALLS BLVD STE. 400 TWINSBURG, OH 44087
	State the term remaining List the contract number of any government contract	10/31/2018	

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.****List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.24	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	RIGSBY HULL, INC 2309 UNIVERSITY BLVD HOUSTON, TX 77005
	State the term remaining List the contract number of any government contract	1/31/2018	
2.25	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	S4 GROUP LLC 30 N LASALLE ST, STE 4030 CHICAGO, IL 60602
	State the term remaining List the contract number of any government contract	11/1/2018	
2.26	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	SHELDON COBLE
	State the term remaining List the contract number of any government contract	6/1/2017	
2.27	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	STEPHEN DUCK, CPA P.C. 911 NW LOOP 281, SUITE 201 LONGVIEW, TX 75604
	State the term remaining List the contract number of any government contract	10/31/2018	
2.28	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	SUMA THOMAS 616 TALL TREE DR MURPHY, TX 75094
	State the term remaining List the contract number of any government contract	12/29/2018	
2.29	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	UNITED TILE COMPANY, INC 6969 FERN LOOP, STE 111 SHREVEPORT, LA 71105
	State the term remaining List the contract number of any government contract	2/26/2018	

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.30	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	VERITY RECRUTING, PSS LLC 5068 W PLANO PKWY, STE272 PLANO, TX 75093
	State the term remaining List the contract number of any government contract	9/5/2018	
2.31	State what the contract or lease is for and the nature of the debtor's interest	CONTRACT	WEBTPA EMPLOYER SERVICES 8500 FREEPORT PKWY, STE 400 IRVING, TX 75063
	State the term remaining List the contract number of any government contract	11/20/2018	

Debtor Name **Senior Care Centers, LLC****United States Bankruptcy Court for the Northern District of Texas**Case number (if known): **18-33967**☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.****1. Does the debtor have any codebtors?**☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes.**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**Column 1: Codebtor****Column 2: Creditor**

Name	Mailing Address	Name	Check all schedules that apply
2.1 CLEAR BROOK SCC LLC	10800 FLORA MAE MEADOWS RD HOUSTON, TX 77089	William Ngene	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 MYSTIC PARK SCC LLC	8503 MYSTIC PARK SAN ANTONIO, TX 78254	Xochitl Valencia	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 PM MANAGEMENT - CEDAR PARK NC LLC	1500 COTTONWOOD CREEK TRAIL CEDAR PARK, TX 78613	Lorretta Hardy	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4 PM MANAGEMENT - EL PASO INC LLC	11169 SEAN HAGGERTY EL PASO, TX 79934	PharMerica Long Term Care, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5 RUSTON SCC LLC	2401 N. SERVICE RD., EAST RUSTON, LA 71270	Executive OfficeLinx	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Name **Senior Care Centers, LLC**Case number (if known): **18-33967****Additional Page(s) if Debtor has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing Address	Name	Check all schedules that apply
2.6 SCC SOCORRO LLC	10064 ALAMEDA AVE SOCORRO, TX 79927	PharMerica Long Term Care, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.7 SENIOR CARE CENTER MANAGEMENT LLC	600 N. PEARL STREET, SUITE 1100 DALLAS, TX 75201	Lorretta Hardy	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.8 WESTOVER HILLS SCC LLC	9922 STATE HWY 151 SAN ANTONIO, TX 78251	Xochitl Valencia	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.9 WINDMILL SCC LLC	507 MARTIN LUTHER KING BLVD. LUBBOCK, TX 79403	Guadalupe Reyes	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Name Senior Care Centers, LLC
United States Bankruptcy Court for the Northern District of Texas
Case Number: 18-33967

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING - Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets- Real and Personal Property* (Official Form 206 A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206 D)
- ☒ *Schedule E/F: Creditors Who Have Claims Unsecured Claims* (Official Form 206 E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206 G)
- ☒ *Schedule H: Codebtors* (Official Form 206 H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ *Other document that requires a declaration*

I, the Chief Restructuring Officer of the Senior Care Centers, LLC, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 256 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Executed on: 1/10/2019
 MM / DD / YYYY

Signature /s/ Kevin O'Halloran

Kevin O'Halloran

Printed Name

Chief Restructuring Officer

Title